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the
MODERN
HOSPITAL

VOLUME 47

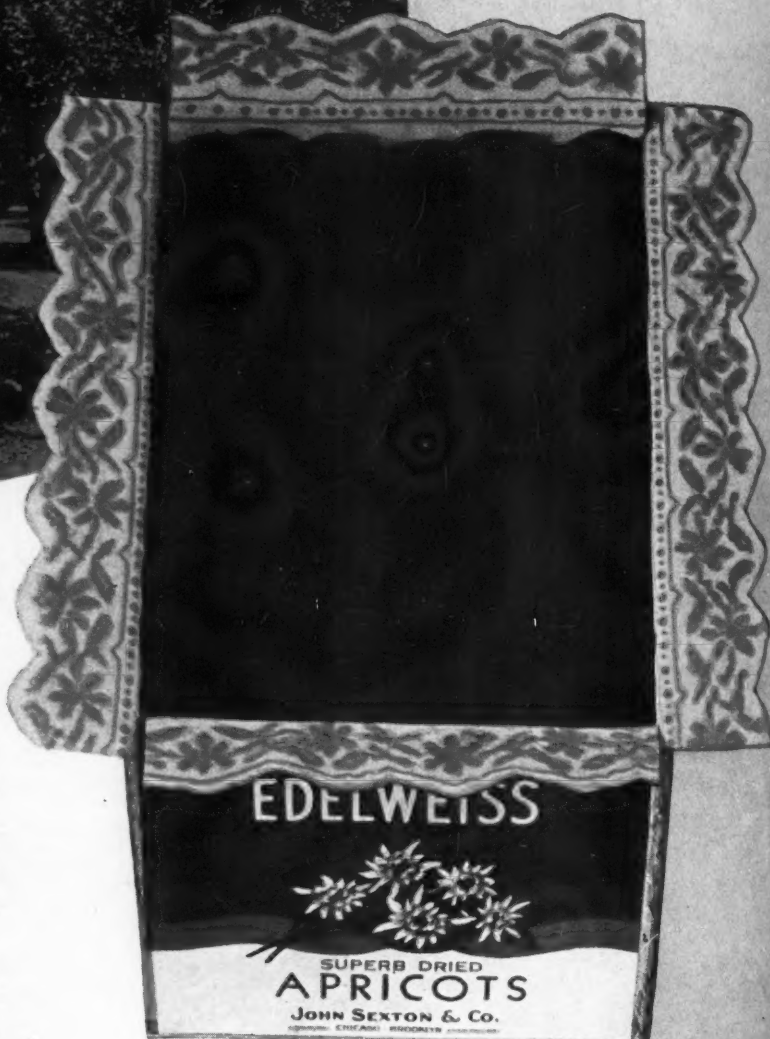
DECEMBER 1936

NUMBER 6

A
Nation-Wide
Service



BUSY BUYERS HAVE COME to look to Sexton for the new ideas in food service. What the smart hotel on Michigan Boulevard or the successful restaurant on Broadway is featuring is immediately available at Sexton's—and in the finest quality. Sexton rapid turnover insures you always receiving fresh deliveries from the new season's pack. The same rule applies even to Sexton Dried Fruits. They are fresh and plump with a natural dewy moistness. Sexton selects only the pick of the tree-ripened orchard fruit. It is then dried so as to retain all of its natural health giving qualities. Edelweiss Dried Apricots are truly delicious.



Sexton Specials offer outstanding values in foods prepared exclusively for those who feed many people each day.

JOHN SEXTON & CO.
CHICAGO Manufacturing Wholesale Grocers BROOKLYN
Established 1883
America's Largest Distributors of No. 10 Canned Foods

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For December, 1936

Just in Passing—

COVER PAGE—"Merry Christmas!"

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IN 1907 Emily P. Bissell heard of a "great idea." A postman in Denmark had sold little Christmas stamps to get funds for charitable purposes. If the idea would work in Denmark, why not in the United States? Miss Bissell was deeply interested in doing something for the tuberculous, who were then dying so rapidly that this disease was the leading cause of death.

She took her idea to the local newspaper. The city editor, however, just couldn't see it. As she was walking out, discouraged by his lack of interest, she stopped to say "Hello" at the desk of an acquaintance, a columnist of the paper. He learned of the idea, was enthusiastic, "sold" the publisher and the entire strength of the paper was put behind it.

That first year Miss Bissell raised \$3,000 toward building a hospital for children ill with tuberculosis. Since then the sale of Christmas seals has financed, in large part, the multiple activities of the national and state tuberculosis associations. Today the death rate from tuberculosis is less than 60 per 100,000 (as compared with 179 in 1907) and Surgeon-General Thomas Parran has recently stated "Tuberculosis can be wiped out in our nation." Hospital people who know the tragedy of tuberculosis will gladly join in the campaign for this end. Christmas seals share our joy.

WHAT does one do with the patient suffering from a "nervous breakdown"? Is this just a euphemism for a patient who doesn't want to work? Is there a physical bases? Are the nerves real-

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ly affected? What type of medical and nursing care should be given? Dr. William C. Menninger of Topeka, Kans., has discussed the management of the "nervous breakdown" in the general hospital. His article will appear next month. Every administrator and every superintendent of nursing will find it of value. It could also well be discussed at a meeting of the medical staff.

THESE are trying days for hospital administrators. The increase in costs of supplies and food, the development in several places of hospital labor unions, the increasing restiveness of certain members of the medical profession complicate the situation. Next month John H. Hayes, superintendent of Lenox Hill Hospital, New York City, will discuss frankly and without reserve some of the observations of a worried administrator.

ON THE same general subject but from a different point of view, *The MODERN HOSPITAL* will present next month a little preview of what is in store for us in 1937. The presidents of the leading associations concerned with hospitals have outlined the principal activities which will concern them during the next twelve months. Surgeon-General Parran has contributed the leading article. In it he challenges hospitals to meet still higher standards of community service.

"WOMEN in High Places." So was captioned an editorial in last month's issue and it is evident that to the linotype man the pinnacle of achievement for a woman is to be a "food executive" how else explain the fact that he made the last line of the editorial read "food executive" when the copy asked for "good executive"?

WHAT do hospital administrators do for amusement? Dr. G. Harvey Agnew paints. Leonard Shaw takes camera portraits. Bert Caldwell angles in still and rippling waters. Mabel Binner makes dresses for her daughter. Ada Belle McCleery transforms old houses. Those who write poetry, however, are rather rare. Some months ago the

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Surgery and pregnancy

place added strain on the diabetic

RESORT to dietary measures alone is sufficient to keep many diabetic patients well-nourished, sugar-free and at work. When this is not practicable, or when infections, surgery, or pregnancy place added strain upon the patient, the use of Insulin is indicated.

Furthermore, Insulin enables the patient to enjoy a wider variety of foods. This may aid in com-

bating some of the complications.

Insulin Squibb is an aqueous solution of the active anti-diabetic principle obtained from pancreas. It is accurately assayed, uniformly potent, carefully purified, highly stable and remarkably free of pigmentary impurities and proteinous reaction-producing substances. Insulin Squibb of the usual strengths is supplied in 5-cc. and 10-cc. vials.

INSULIN SQUIBB

A SQUIBB GLANDULAR PRODUCT

book of poems written by Frederick Brush of the Burke Foundation was mentioned in this magazine. Now we have the opportunity of presenting a few verses by another hospital administrator.

IN HOSPITAL

The "Surgical Case"

His mind at ease, the surgeon
plies his knife.

I think of home, my children,
and my wife.

Convalescent Ward

The world without is grim
with grief and strife;
Here carefree convalescence
smiles on life.

Blood Transfusion

The very stream of life;
a noble gift,
Given to save a life—or
earn a lift.

The Chronic

A tale of ceaseless suffering
I tell;
Defeat is mine—success is
for the well.

Children's Ward Mural

Such dear, delightful, legendary
themes,
In colors bright as children's
choicest dreams.

The Quiet Room

Why did they put me in a
quiet room?
I feel my heart throbs
counting out my doom.

Fluoroscopy

The doctor looked right through
me, did you say?
And did he glimpse a soul
along the way?

Ward Telephone

"Hello, hello! How is bed
seven, Nurse?
"He ceased? He'll meet
his Maker now—or worse!"

Resuscitated

I hoped I would escape
the world's abuse.
You've saved my life! Yes, yes;
but what's the use?

Plastic Surgery

But yesterday a man, today
a case;
If all goes well, I'll save
the surgeon's face.

Ante-Mortem Consent

The baser part of me I
freely give
To smooth the path of those
who wish to live.

Gratitude

Friendless and penniless,
you took me in;
For you the needle's eye
will not be thin.

—S. S. G.

THE MODERN HOSPITAL

THE MODERN HOSPITAL PUBLISHING CO., INC.

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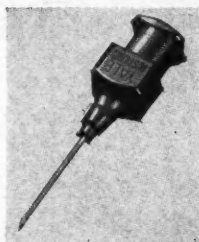
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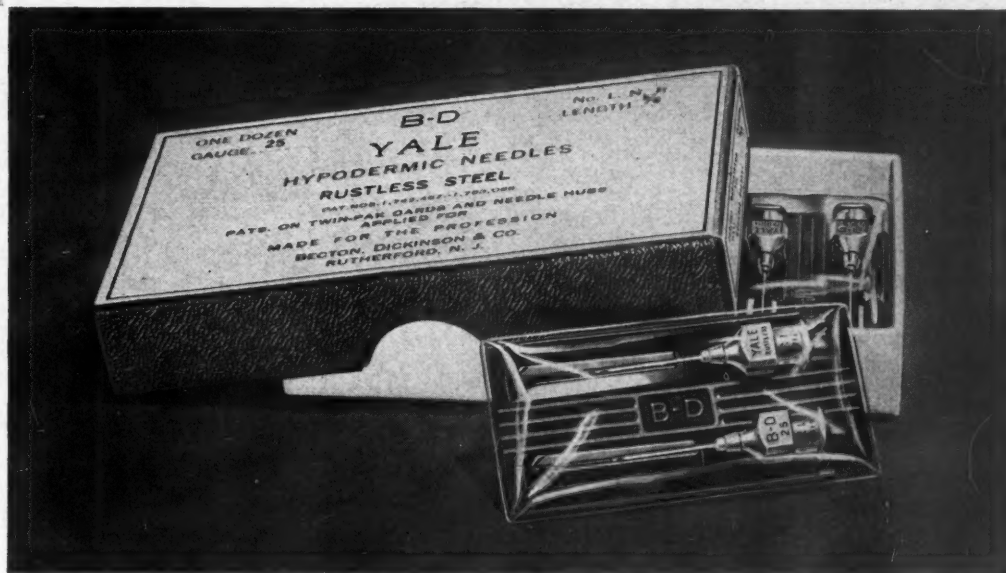
NEW

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Made of Hyper-chrome Steel

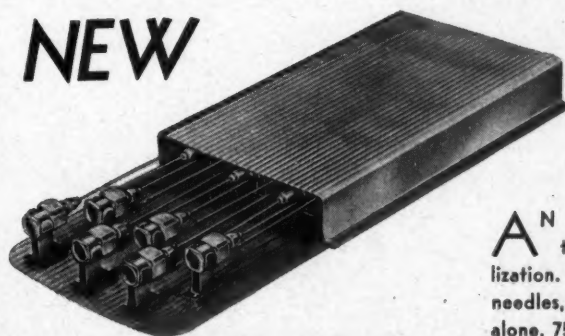
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The Hospital Barometer

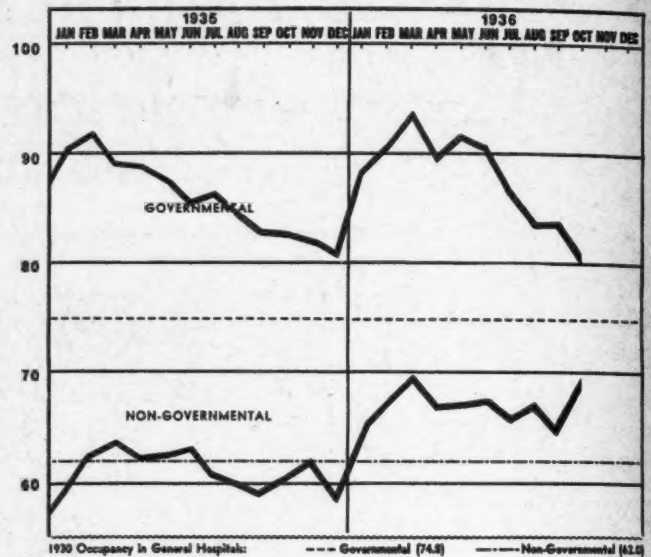
Occupancy in nongovernment general hospitals showed a decided advance in October, the average figure jumping from 64.4 per cent to 69.3 per cent. With the exception of last March, this is the highest occupancy that has been recorded for these voluntary hospitals in the entire recovery period. The figure of 69.3 compares with 60.5 for October of last year, 57.7 for October, 1934, and 54.4 for October, 1933. Thus it is apparent that seasonal factors alone are not responsible for the extraordinary increase in activity in the voluntary hospitals.

This increase, however, has not brought much relief to the government hospitals. Their occupancy figure is reduced this month, it is true, but this is almost entirely due to a sharp drop in the occupancy of Charity Hospital, New Orleans, because of a building program now being inaugurated there. In New York City, San Francisco and Chicago the occupancy of government general hospitals increased in October while in St. Paul and the Carolinas only slight decreases were recorded. Figures are not yet in for New Jersey and Washington, D. C.

This rapid advance in the total amount of hospital service rendered in the government and voluntary hospitals took place before the election and before the recent rain of wage increases and special dividends. Undoubtedly as a result of these exceptionally favorable factors affecting mass purchasing power, the figures for November will show an even greater increase. The average occupancy of the voluntary hospitals for the first ten months of this year is 66.9 which compares with 61.4 for the same period of last year.

From October 27 to November 23 forty-eight new hospital building projects were reported, of which costs were ascertained for forty-four. These costs totaled \$6,932,470, bringing the costs for the year to date to \$84,836,000. This compares with costs for a similar period of last year of \$39,000,030 and for 1934 of \$36,000,000.

Industrial activity, on a seasonally adjusted basis, advanced during October, due largely to increases in iron, steel and petroleum production and miscellaneous freight car loadings, all of which reached new high levels for the



recovery period, according to the National Industrial Conference Board. Gains were also recorded in the machine tool industry, in nonresidential building contracts, bituminous coal production and in retail sales volume. Rural retail sales in the first ten months of 1936 were 15 per cent higher than in the corresponding period of 1935, the board reported. Department store sales advanced 10 per cent in the same period. In October rural sales were 21.4 per cent higher than in October, 1935.

Wholesale prices advanced sharply in the period from October 24 to November 23, the index of the *New York Journal of Commerce* going from 80.9 to 83.2. Food and textiles, particularly, advanced substantially during the period and the cost of building materials went up slightly. Fuel and grain prices remained practically unchanged. The price index for drugs and fine chemicals as compiled by the *Oil, Paint and Drug Reporter* remained practically unchanged in the period.

OCCUPANCY FIGURES OF HOSPITALS IN VARIOUS STATES AND CITIES

Type and Place	Census Data on Reporting Hospitals ¹		1935				1936									
	Hospitals	Beds ²	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.
Nongovernmental																
New York City ³	68	15,194	62.0	67.0	69.0	66.0	71.0	75.0	77.0	75.0	76.0	73.0	69.0	63.0	63.0*	63.0*
New Jersey.....	55	9,772	60.0	62.0	63.0	62.0	66.0	70.0	69.0	66.0	66.0	64.0	63.0	60.0	61.0	61.0*
Washington, D. C.....	9	1,792	63.9	68.3	68.3	63.0	70.8	77.5	78.4	71.2	70.9	73.2	71.6	68.8	70.1	74.1
N. and S. Carolina.....	103	6,328	65.7	64.4	63.3	59.1	63.9	67.1	68.7	64.9	65.0	67.3	69.0	67.9	66.0	82.1
New Orleans.....	7	1,146	55.1	53.3	55.8	50.8	58.3	56.9	62.5	58.2	58.9	63.0	64.4	66.3	64.1	73.4
San Francisco.....	16	3,098	63.9	66.7	70.2	65.2	71.9	76.6	71.7	72.3	70.6	72.9	72.9	73.4	71.0	73.5
St. Paul.....	8	838	48.5	46.6	50.7	49.0	56.7	57.2	61.1	58.8	57.6	58.2	54.0	56.4	59.0	53.0
Chicago.....	23	4,117	53.6	54.7	54.9	52.8	60.0	61.6	64.1	63.3	63.5	64.2	59.0	58.9	58.8	60.7
Cleveland.....	6	679	58.5	61.7	62.3	60.6	66.5	68.3	72.2	72.9	73.6	68.3	69.4	68.4	65.3	83.0
Total⁴.....	295	42,964	59.0	60.5	61.9	58.7	65.1	67.7	69.4	66.9	66.9	67.1	65.8	66.8	64.6*	69.3*
Governmental																
New York City.....	17	12,042	91.7	85.8	86.5	87.3	95.1	100.2	98.2	95.8	100.4	90.3	87.1	85.7	84.3	85.1
New Jersey.....	5	2,122	76.0	84.0	78.0	76.0	80.0	84.0	84.0	81.0	84.0	82.0	79.0	78.0	78.0	78.0*
Washington, D. C.....	2	1,596	62.9	60.4	60.4	62.9	71.4	73.3	68.9	66.7	62.9	65.5	65.5*	65.5	64.7	64.7*
N. and S. Carolina.....	13	1,358	68.0	66.9	65.4	63.8	71.4	73.2	75.8	71.8	73.0	75.2	72.0	72.2	71.2	70.8
New Orleans.....	2	2,227	140.9	138.5	137.4	127.8	130.0*	141.3	169.8	146.2	164.2	168.2	148.1	141.1	141.0	107.0
San Francisco.....	3	2,255	79.5	76.8	79.1	81.1	83.5	83.4	79.2	81.2	80.9	80.5	88.1	80.7	82.6	86.6
St. Paul.....	1	850	61.5	65.0	68.6	66.6	94.9	85.4	84.5	82.7	80.0	77.9	69.6	67.9	66.5	66.2
Chicago.....	2	3,698	80.4	81.7	80.2	79.5	83.3	86.0	87.9	87.2	85.2	83.5	81.4	79.8	80.6	83.5
Total⁴.....	45	26,148	82.6	82.4	81.9	80.6	88.7*	90.8	93.5	89.6	91.3	90.4	86.3*	83.4	83.6	80.2*

¹Insofar as possible hospitals for tuberculous and mental patients are excluded as well as hospital departments of jails and other institutions. The census data are for the most recent month. ²Including bassinets, in most instances. ³Includes only general hospitals. ⁴The occupancy totals are unweighted averages. These averages are used in the chart above. *Preliminary report.

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The Editor Talks It Over

• Are we in hospital work shackled and blinded by harmful tradition and should the leaders in the institutional field more actively reach out for new methods, new efficiency and new hospital pliability? A great French naturalist is said to have discovered a new kind of caterpillar which moves through the trees in long processions, each being led by the one immediately ahead. Experimenting with this strange worm he placed them on the rim of a large flower pot where, forming a complete circle, they started a procession which ended only when they died from starvation.

Perhaps hospital executives with eyes fixed on the demanding details of everyday work are simulating in some measure the blind activities of the processionary caterpillar who always follows the individual immediately in front of him.

• The recent tragic loss of life in the training quarters of a football team of a Midwestern university again emphasizes the fact that it requires only a unique combination of circumstances to bring about catastrophe. Here a group of carefree athletes removing adhesive tape from strapped ankles by the use of gasoline precipitated a violent explosion which resulted in the tragic death of two splendid young men.

In the hospital the removal of adhesive may be performed in various ways. It is brutal forcibly to jerk from strapped chests and abdomens adhesive strips which often take with them the skin itself, thus causing acute and unnecessary pain to the patient. Gasoline, ether, kerosene, ethyl acetate, carbon tetrachloride and alcohol are but a few of the common solutions used for this purpose.

Little need be said concerning gasoline, ether and even ethyl acetate except to condemn them as dangerous preparations likely to lead to explosion or fire or both. Carbon tetrachloride is not inflammable and is one of the preparations acceptable for use in the hospital. Dichloromethane is sometimes employed and is relatively harmless. A combination of 60 per cent carbon tetrachloride and 40 per cent naphtha is used for this purpose in some institutions. This solution is relatively

noninflammable and is nonexplosive.

It is to be borne in mind that whenever any inflammable or explosive mixture is employed, and there is no excuse for this ever being done, ventilation must be of the best and open fires or electric sparks must be nowhere near. The attention of the hospital executive is directed to this danger. Incidentally, it might be well again to check explosion hazards from anesthetics being employed in the operating rooms of hospitals.

• In a recent city daily a compilation was reported covering donations to the cause of education, health, fine arts, religion and other philanthropies. Five of the country's largest cities were covered. These gifts during the past year showed an encouraging increase of 18 per cent over the previous twelve months. Organized relief headed the list with an increase of more than 100 per cent. A disturbing factor, however, was the realization that while contributions were rising, charitable bequests were actually declining. The hospital should take careful note of this trend and should recognize the new psychology suggested by the willingness to give for immediate needs while refraining from setting up bequests to meet future demands.

• In the *Journal of Hygiene* for July, W. T. Russell discusses as the result of a study of British and American birth statistics the relative frequency in the birth of boy and girl babies. In a study covering ninety-five years in England and Wales boy babies ranged from 1,032 to 1,061 to every 1,000 females. Curious it is that in rural areas male babies preponderate in even greater degree and that children conceived from July to September are likely to represent a higher ratio of boys than in other months.

This writer calls attention to the effect of the geographical factor on this census ratio. In Greece the male ratio is high and in Japan and Italy, low. Generally the ratio in the first-born tends toward high male preponderance.

All this may be of but passing interest except to assist the hospital executive in purchasing blue and pink crib ribbon and to quell the fears of

those who when woman suffrage came into actual existence predicted that soon the female vote would place the former male balance of power far in the background.

• To measure the degree of severity of pain is impossible. This subjective symptom, which consists in the response of sensory nerve endings to an irritant, is largely an individual matter. There are those who cry aloud when light pressure is made upon a superficial nerve. There are others who with a stoicism said to have been possessed in a large degree by the American Indian will unflinchingly permit the incision or the suturing of tissues without protest. Hospital patients who nightly disturb the occupants of ward beds are not always the keenest sufferers. Often, as does he who sits in a dentist's chair, the patient employs his vocal cords as a system of defense.

And yet, real insensitivity to pain may serve as an actual danger to the patient. The careless nurse who applies a hot water bottle to a limb that is without sensation is likely to do much damage. While clinicians have attempted the grading of a patient's reaction to pain by the result produced by firm pressure beneath the ear, only a thorough understanding of the individual's nervous make-up will enable the doctor or nurse in any accurate way to evaluate the degree of pain. 'Tis far better to take the severity of pain for granted, however, than to adopt an attitude of callousness or unkindness.

• Some hospitals pride themselves upon the antiquity of their existence. Others are equally proud of their youth. Indeed the spirit of old age need not pervade a plant which has existed for many decades. Just as fine a progressive, experimental and inquisitive attitude may be found in the old as in the young institution. Enthusiasm, the joy of living, the pleasure of a problem, the meeting of the challenge of changing times all are spiritual traits which prevent the deadly routinizing of hospital work. This is a disease which, affecting superintendents as well as physicians, leads to institutional and professional decadence.

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"The Spirit of the Nation"

How Far Did Paul Revere Ride?



"IT WAS two by the clock when he came to the bridge in Concord town."

So runs the Longfellow poem about Paul Revere.

But *did* Paul Revere ever reach Concord on that fateful night of April 17, 1775, when he was off like a shot on his eager steed to call the patriots to arms—to spread the alarm "through every Middlesex village and farm"?

It seems to have been true enough that he stood on Charlestown shore, awaiting a signal from the belfry of North Church tower to tell him of the movements of the British.

But the poet's account of Revere's ride does not quite check with documented historical records. The truth appears to be that Paul did not reach Concord at all. Around midnight, he gave his message of warning to Samuel Adams and John Hancock—two great old boys—at Lexington where they had fled to avoid arrest. At Lexington, Paul was joined by William Dawes and Dr. Prescott who were on a similar errand, to spread the alarm. These three set out together for Concord. But they had gone only a short distance when Revere was captured by British scouts and taken back to Lexington a prisoner. The other two contrived to escape and got to Concord where they told the exciting news.

But Paul Revere had the right idea. It wasn't his fault that he failed to reach Concord that night. He represented the spirit of the nation.

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Looking Forward

The Superintendent's Reward

WITH but few exceptions none of those who serve the sick accumulate any considerable competence to safeguard themselves against their nonproductive years. The doctor, the nurse, the social worker, the hospital executive, all realize but meager pecuniary recompense from their scientific and administrative endeavors.

The institutional administrator although not required to invest as great a sum as others for his education nevertheless rarely possesses a bank account of size. He receives usually but a moderate recompense in addition to maintenance for himself and family. Often when necessary educational and other expenses for his children are met he has nothing remaining.

His calling, moreover, is most precarious as to term of service. However, those who labor in civil service, protected state or federal positions, usually enjoy long periods of institutional service. In addition this group is eligible to the benefits of a rather generous pension system. In this respect the voluntary hospital still lags.

Where then does the executive of the voluntary hospital gain his just reward? Not in pensions for his old age, not always in appreciation by others of work well done is he recompensed. But surely, not the least of his annual income is paid in a spiritual coin which is the honest gratitude of scores of patients whom he has served.

More Aid to the Purchaser

WISE and effective purchasing is one major aspect of good hospital administration. Purchasing, however, can be wise and effective only if the quality of the product purchased is adequate.

Altogether hospitals use several thousand different items of supply or equipment. The individual charged with the responsibility of purchasing must, insofar as he can, inform himself regarding the qualities to be looked for in each type of equipment and each item carried in the storeroom. This is admittedly a large

order and one that is made increasingly difficult by the rapid technical advances of American industry.

Cognizant of these facts the publishers last year changed somewhat the pattern for The HOSPITAL YEARBOOK. A series of articles were introduced which gave in succinct fashion the standards of quality and performance that should be looked for in the purchase of fifty different classes of articles commonly bought by hospitals. These standards were formulated by committees of hospital superintendents and other experts working through The MODERN HOSPITAL office with technical experts associated with the leading manufacturers. Final authority for the articles, however, rested with the committees rather than with the manufacturers.

These articles were so well received by the hospital field that it was decided to expand this type of material in the forthcoming fifteenth edition. As a result approximately twice as many subjects will be covered in the new edition.

Furthermore, a section on general aspects of hospital purchasing has been prepared. This covers purchasing management and methods for the large and the small hospital, planning, equipping and organizing the hospital storeroom and a special article on the purchasing of food.

In addition to this the text section of the new volume will contain other material similar to that in previous editions. The emphasis, however, is distinctly on the problems of hospital purchasing.

Every effort has been made to have The HOSPITAL YEARBOOK a vade mecum for the official charged with the responsibility for hospital purchasing. The list of sources of supply has been rearranged in simple alphabetical order and fully cross-referenced. It will appear as the first part in the new edition.

Manufacturers' catalogues, which will comprise the second part of the book, are grouped conveniently under five classes, namely, (1) clinical and scientific equipment and supplies, (2) general furnishings, equipment and supplies, (3) foods and food service equipment, (4) laundry equipment and supplies and (5) construction

materials and plant equipment. There will be more catalogues covering a larger number of products than in the previous edition.

Because of the increased service in purchasing, the new edition has been sub-titled "Hospital Purchasing File." Every hospital will find in this file material of interest and value that is available from no other convenient source.

Qualifications for Staff Physicians

SHOULD a staff physician be appointed on the whim of an executive committee? Should an associate personally acceptable to a visiting physician receive his reward by being nominated for an important position or should there exist in the rules of the hospital a definite and inclusive description of personal traits and professional training necessary to the individual who seeks a staff place?

The attention of the institutional field is being strongly directed to the necessity of high qualifications for staff appointments by the rapid development of boards of examiners for admission to the specialties. Whether the recommendation of the house of delegates of the American Medical Association that all members of staffs of hospitals approved for intern training should belong to their local county medical society can be made immediately effective is beside the question. It must be granted, however, that representative physicians in most communities do belong to their local medical societies and that those who do not are in the professional minority.

It seems wholly reasonable that boards of trustees should insist that at least visiting staff physicians aim at qualifying as specialists in their branch of medicine and that younger staff men be urged to belong to their county medical groups. In addition, it is probably wise that a definite number of years of practical or post-graduate experience or both be set down as rather rigid necessities before a young physician may aspire to advancement in the hospital professional group.

The Rosenwald Grant

THE gift by the trustees of The Julius Rosenwald Fund of \$100,000 to the American Hospital Association for a group hospitalization program should mark another milestone in the affairs of the association.

As is true of any organization, the American Hospital Association in its early days lacked full

effectiveness because policies were not carried forward consistently from year to year. Furthermore, the funds of the association have never been sufficient to enable it to function with full vigor in all the various fields in which it is interested.

Employment of a full-time executive secretary and the establishment of permanent headquarters in 1919 were the first steps toward overcoming these difficulties. A second important step was taken in 1932 when Dr. S. S. Goldwater presented the report of his committee on plan and scope and it was decided to set up a council on community relations and administrative practice (now simply called the council). This step, however, would have been of little significance had not the council been able to obtain reasonable financial support from outside funds. It was thus able to pay necessary traveling and secretarial expenses and to utilize the part-time services of Dr. C. Rufus Rorem as consultant both on group hospitalization and on hospital accounting.

The size of the Rosenwald grant, the character of the committee on hospital service named to administer it, and the reputation and ability of Doctor Rorem who will be executive director for this committee all indicate that important results may be expected.

The hospital field will acknowledge gratefully the generosity and confidence of the Rosenwald trustees. In return hospital administrators will pledge their best efforts to help make the gift productive of better hospital service to more of the American people.

With Apologies

A PROFESSION grows in efficiency only as it is able to consolidate the results of the experiences of its representatives. The successes of hospital administrators unfortunately cannot always be learned of completely by a perusal of the literature. Hospital executives sometimes cannot, often will not, contribute to the journals in the field.

Yet they who write the least send the most questionnaires. Moreover, often the desired information has already been secured, compiled and even published and could be immediately available to the inquisitive one were he to address one of the journalistic or association agencies in the field. Failing to inquire or if he has done so to secure the data which he desires, he sends a questionnaire.

Questionnaires are of several types. There are

those which in a businesslike, even semi-curt manner request information on some specific point. The questions are few and to the point. This short yet inclusive questionnaire is likely to receive a prompt answer, particularly if a stamped addressed envelope is included.

There is the long rambling indirect and indecisive questionnaire intended to gain complete information concerning some topic. This type is likely to discourage a busy executive who eventually fails to answer it. There is the request for information which begins with apologies and ends with thanks. The superintendent is likely to appreciate the frame of mind of the sender and to answer the queries individually, even though they be unduly lengthy.

The answering of questionnaires is like casting bread upon the waters. He who refuses to spend time in thus making available the results of his experience is likely to be reminded later that the practice of the golden rule is often a matter of mutual benefit. Once having decided that a bit of information will be useful to the patients of an institution the executive should spend much time preparing his questionnaire. There is, however, a kind of administrator who, abhorring the effort necessary to search the literature for himself, endeavors to have others do so for him. Such deserves whatever fate befalls him from the standpoint of receiving answers to his circular inquiries.

Supply and Demand Factors

A SPLENDID, forward-looking report was that presented by Rev. Alphonse M. Schwitalla, S.J., at the Cleveland convention of the American College of Hospital Administrators. It dealt with the basic principles concerned in the education of hospital executives. Therein it was stated that the educational preparation of the administrator of the future should equal that required for a master's degree, and that the course leading to a bachelor's degree should be divided into two years of preparatory college work and two years spent in basic and professional studies such as accounting, organization, sociology, socio-legal work and hospital administration. On the completion of the didactic phase of the course, a year's internship is recommended.

Five years preparation for hospital work? This time is certainly not too long. Even in this time the student will not be able to obtain a working knowledge of such important and useful subjects as architecture, engineering and the chemistry of industry. No profession can be born and long

exist without the presence of well recognized and generally accepted educational standards. The committee report under discussion points the way to the recognition of this need.

But what of those already in the field? How can they succeed as many do, endowed with little or no educational background? This is the factor which will delay the general practical exemplification of these precepts by the field.

The development of a supply must and does depend on the existence of a demand. Trustees must be brought to want educated executives. Administrators must yearn for education because a greater proficiency brings greater rewards both in service opportunities and in money. Hospital executives may apparently succeed in spite of little training. But by the same token little preparation certainly is not a guarantee of success. It is hoped that this new start along the difficult road of laying down educational standards for hospital executives will not fall as others have done into a state of innocuous desuetude.

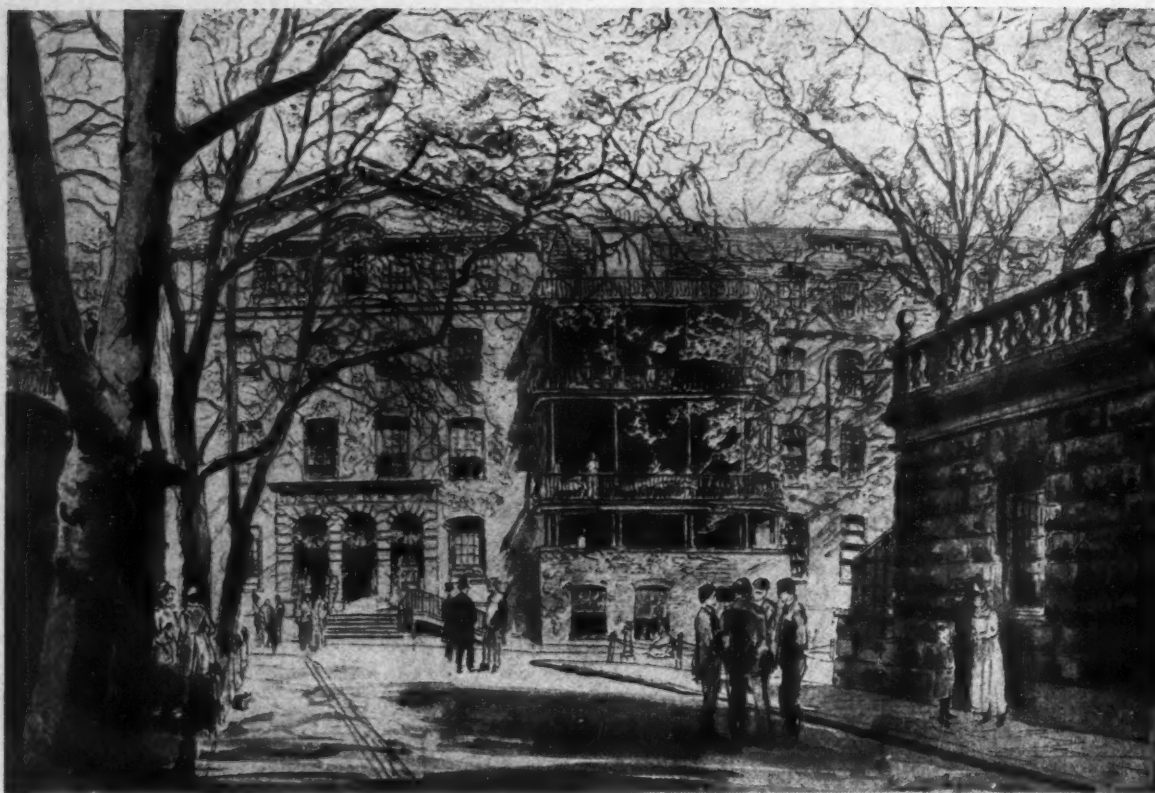
Night Operations

NIGHT operations are dangerous. It is strongly suspected if a careful examination of morbidity and mortality statistics covering the so-called emergency operations performed from dark to dawn could be made that these percentages would be startlingly high.

Inherent in night surgery are several factors peculiar to this time and type alone. There is the emergency nature of the ailment, often present, just as frequently absent. The fatigue of the operator and his assisting staff, the real or imagined lack of time for a thorough study of the patient and the spirit of hurry, often unnecessary, all tend to breaks in technique and the exercise of faulty judgment. Moreover, night is the only time when exacting surgical chiefs permit assistants to perform any solo work. Herein lies at least one explanation for the frequency of night surgery.

This factor represents an added danger to the patient. Errors of diagnosis, disaster from infection and hemorrhage or any other unfavorable occurrence which befalls the night surgical patient just as much incriminate the chief surgeon as if he himself performed the operation. A glance at the pathologist's report on specimens removed from such patients will reveal to the hospital executive the truth as to the presence or absence of an emergency which required immediate surgical intervention.

The less frequent the night laparotomy the better will it be for the patient and the hospital.



From a drawing by Hanslip Fletcher, W. H. Beynon Co., publishers.

Guy's Triumphs—In Good Times and Bad

By H. L. EASON, M.D., Superintendent, Guy's Hospital, London, England

ON THE twenty-seventh of December, 1724, Thomas Guy, the founder of the hospital which bears his name, died in the eightieth year of his age, having lived long enough to see the roof put on the hospital that he was building.

In his will, dated September 4, 1724, he directed that his executors and afterwards the corporation which he indicated in his will, should out of the residuum of his estate carry on, erect, finish and fit up the two new squares of building in Southwark, by him some time since begun and intended for a hospital, for the reception of 400 poor persons or upwards laboring under any distempers, infirmities or disorders thought capable of relief by physic or surgery.

It was seven years before the estate was realized, in consequence of numerous legacies and other complications, but on October 28, 1732, a banking account was opened and into it was paid the residuum of Guy's estate amounting to £220,-

134. 2. 7½. The monies of the estate were invested in agricultural estates in Essex, Lincolnshire and Herefordshire, as at the time such property was thought to be the safest form of investment. If only it had been invested in the purchase of land in the City of London, the financial history of Guy's Hospital would have been a happier one in the last fifty years.

For a hundred years Guy's Hospital carried on satisfactorily with the income from Guy's endowment. No regular series of accounts for this period are available, but from a notebook by the steward it appears that the expenditure of the hospital on maintenance in 1798 was £10,380.

In 1829, Mr. William Hunt, a governor of the hospital, died and left the residuum of his estate, amounting to about £180,000, to the hospital on the condition that within three years provision should be made for 100 additional beds.

With the additional endowment of Mr. Hunt, the hospital was carried on more prosperously

than before. In 1836 it appears from the report of the charity commissioners that the clear annual income from the endowments applicable to the purpose of the charity was nearly £21,000 a year. The cost of maintenance of the hospital, with now about 500 beds, was also approximately £21,000.

In the first half of the nineteenth century, the hospital was adequately maintained from the income from Guy's and Hunt's bequests, which steadily increased. By 1879, however, the annual resources of the hospital had fallen from £43,000 to £25,000, owing to the falls in the rentals from the estates, due to the steady progress of agricultural depression, itself caused by the effect of free trade upon the price of home grown wheat. The governors had therefore to close beds, and in 1887 launched the first public appeal in aid of the hospital since it was founded 150 years before.

Temporary financial assistance thus obtained enabled the hospital to carry on, but in 1896 the position became so acute that the governors, under the presidency of the Prince of Wales, afterwards King Edward VII, launched a great appeal for a half million pounds to re-endow the hospital, and thus avoid continual appeals to the public. By the end of the year £172,206 had been received on this account, and the re-endowment fund grew steadily year by year, reaching a total of £338,000 in 1914.

If it had not been for the War the income from this re-endowment would probably have enabled the hospital not only to meet the cost of maintenance but also to lay aside each year a substantial sum for structural improvements and other developments. The War, however, with its resultant far-reaching social and economic reactions, entirely altered the position, and the history of the hospital since the War has been one of continual annual deficits on maintenance.

Costs Increased After the War

The financial history of the hospital is best set out in Table I. It will be seen that previous to the War the income of the hospital was generally greater than its expenditure, whereas since the War the expenditure, itself mounting at a rapid rate owing to the increasing cost of every service, has generally outrun the income.

The encouraging aspect of the table is that it shows that, tremendous as has been the increase in the hospital expenditure, the response of the charitable public has almost kept pace with it, even in times of economic and social depression.

How the income of the hospital has been obtained in the postwar years is best shown by a comparison of the main items of hospital income in 1914 and 1935 in Table II.

It will be seen that the income in 1935 was just about double that of 1914. Subscriptions and donations have increased over threefold and contributions from central funds have doubled. The income from invested property has increased somewhat, but that from legacies has decreased and it is doubtful whether under the present burden of taxation and death duties in England legacies will be as productive a source of income in the future as in the past. Nurses' and other fees have increased considerably, principally owing to the establishment of schools of massage and radiology, which have been successful in attracting a large number of students.

The most striking increase however is in patients' payments, which have multiplied twelve-fold, a happy augury as showing the appreciation of the hospital's services by those who directly benefit by them. The great factor in the increase in patients' payments is the Hospital Saving Association, a contributory scheme started in London some thirteen years ago. In this scheme, wage earners under a certain income limit contribute threepence a week or thirteen shillings a year towards the association, and the association makes a contribution on their behalf towards the cost of their maintenance and treatment whether as in

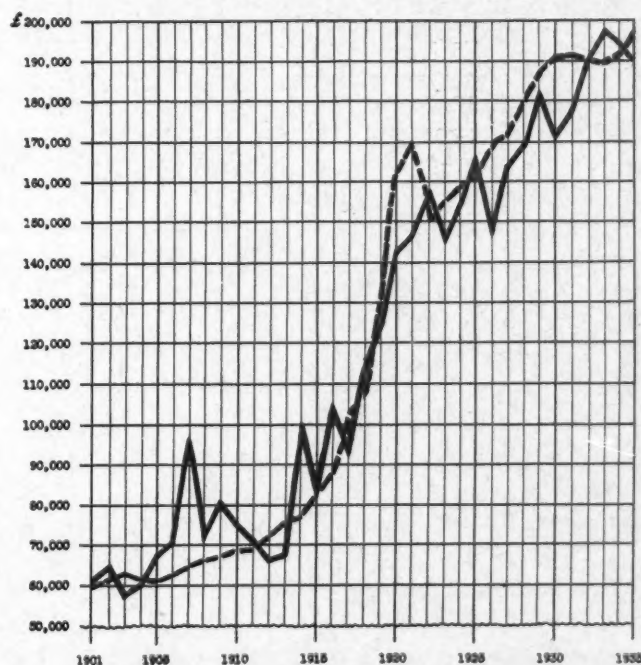


Table I—Income and expenditure at Guy's Hospital—
income, solid line; expenditure, broken line.

or out-patients. The Hospital Saving Association now has over a million contributors in the London area, and its success has stimulated the growth of similar contributory schemes throughout the country.

Patients other than subscribers to the Hospital Saving Association have also shown great readi-

ness to subscribe to the hospital for their maintenance, for the social and economic position of the working classes has much improved since the War. As an indication of this it may be noted that charges on the state for social services now amount to about £400,000,000 a year.

In brief it may be said that the voluntary hospitals in England have been saved during the post-war years by the efforts of the working class patients.

It may also be interesting to contrast the expenditure of the hospital in prewar and postwar years. Table III gives a condensed analysis of expenditure in 1914 and 1935.

Without a detailed analysis it is not easy to

TABLE II

TABLE II		
	1914 £	1935 £
Subscriptions and donations.....	6,182	22,032
Central funds { King Edward's Hospital Fund	6,500	12,528
{ Hospital Sunday Fund.....	1,692	2,000
Invested property.....	48,263	67,641
Nurses' and other fees.....	1,543	5,796
Patients' payments and payments on account of services rendered.....	5,260	63,586
Legacies.....	29,447	16,342
Other small amounts bringing the total income up to.....	99,629	190,139

draw any informative deductions from these figures except on the broadest lines. The increase in the cost of items under the heading surgery and dispensary is due in the main to the increasing cost of x-ray apparatus and plates and the increased cost of serum and drugs and other expensive methods of treatment.

Medical salaries have increased largely owing to increase in the number of salaries of clinical assistants and registrars. The striking increase in nursing salaries is due to shorter hours of duty and increase in personnel, but more specifically to higher salaries.

Whatever one may think of these huge figures, there appears little prospect of any great economies in the future. On the contrary, all items of expenditure will probably steadily increase, with the increasing cost of medical and surgical treatment and the more rapid turnover of patients.

For example in 1914, Guy's Hospital dealt with 9,924 in-patients with an average duration of stay of 20.3 days and 800 deaths. In 1935 it dealt with 12,108 in-patients with an average duration of stay of 17.5 days and 457 deaths. High pressure work of a high standard must be expensive.

The present financial position of Guy's Hospital is that with the accumulated maintenance deficits of postwar years and with the cost of new buildings it is in debt to the extent of approximately £200,000. To wipe off this debt and to provide an

enlargement of the nurses' home and other essential developments an appeal has just been launched for half a million pounds. On the success of this appeal the immediate future of Guy's Hospital will depend.

There is however no immediate ground for depression. As has been said above, the response of the public to hospital needs generally has kept pace with their expenditure on maintenance, though Guy's Hospital has been comparatively unfortunate in recent years.

But one has to bear in mind that it is not sufficient that a hospital should only pay its way. There should be a surplus on the maintenance account each year for the provision of new schemes and reorganization to meet the continual advances in the science of medicine and its ancillary services. If such financial assistance is not forthcoming the voluntary hospitals will inevitably fall behind those hospitals which are supported by state or municipal funds.

One good result of a period of depression however is that it tends to damp that rather fatal enthusiasm for building, the idolatry of the shell rather than the substance. Great work has been done and can be done in old or poor buildings if the brains and soul are there. Fine buildings do not of necessity make fine hospitals. In periods of depression we must be content with shabby

TABLE III

	1914 £	1935 £
Provisions.....	17,019	27,191
Surgery and dispensary	8,794	28,562
Domestic.....	11,557	35,034
Establishment (insurance, renewals and repairs, etc.).....	3,500	11,049
Salaries { Medical.....	4,113	14,067
{ Nursing.....	4,970	20,295
{ Other officers and servants.....	18,586	38,093
Miscellaneous.....	1,426	4,494
Administration.....	1,649	5,223
Finance (appeals, etc.).....	1,194	8,180
Rent, rates and taxes.....	3,425	5,786
Extraordinary expenditure.....	332	328
Total expenditure.....	76,565	198,306

clothes without losing the hope that one day better times may better clothe the deserving body.

The hospitals in England have not lost that hope. The provincial hospitals generally, with their local patriotism, are doing better than the London hospitals, and in London it is the teaching hospitals, with their necessarily high standard of work and upkeep, that are feeling the pinch. They, however, are also not without hope. Though the monied classes of prewar days are not so well off, other classes are now making large fortunes, and it will be to them that the hospitals must turn in the future. There is no reason to believe that the era of benefactors is past.

A Month of Christmas

By HELEN McGRATH

Tampa, Fla.



CHRISTMAS is a happy occasion at the North Carolina Orthopedic Hospital, Gastonia, where everyone helps to make it the biggest event of the year for sixty crippled children. There are four joyful weeks of preparation that begin the first week in December when letters are written to Santa Claus, each child asking for the three gifts he or she most wants. These letters are sent, as written, to the Shriners in a nearby city, who take great pleasure in shopping for Santa.

Christmas songs and poems are memorized by individual boys and girls and by groups. Appropriate gifts are made and sent to the home folks and simple gifts are prepared for the staff doctors, members of the board of trustees and other hospital personnel. Wards are decorated with festoons of red and green paper, bells and wreaths. The nurse's desk is made into a make-believe fireplace, where a few stockings are hung. The older children make evergreen wreaths for all the windows and help decorate the tall trees put in each ward. The few who are in wheel chairs or wagons take the pretty ornaments from boxes and hold them carefully until someone puts them on the tree. Those in bed suggest where the ornaments should be placed. It is a happy time for all and they sing as they work. They are fond of carols and want to sing them all the time.

Every Afternoon a Party

There is a party almost every afternoon at this time, for members of different organizations bring gifts and put on short programs to entertain the children. On the evening of the twenty-third, all the children who are able to walk with crutches, or can be carried without too much difficulty, are taken in cars to a city twenty miles

away, to be special guests of a large department store. The members of the city and local American Legion provide transportation and look after the children.

At the store they are taken to a large room and made comfortable on couches or in big easy chairs. First there is a movie of "Santa and his workshop," followed by Christmas carols sung for the children by the employees' glee club. Then Santa in person arrives to greet each one and presents a small toy. Ice cream and cake are served. Each child is given a large bag of candy and fruit to take home with him.

A Trip to Toyland

From there the children are taken to the toy department where they spend an hour looking around and playing with the mechanical toys. The clerks are dressed in Mother Goose costumes and give their entire attention to the children; no others are admitted to the department while the children are there. After leaving the store they are driven through the city streets to see the special decorations, the Christmas lights, and the community tree in the park, a beautiful and unusual sight for the children. They have much to tell when they finally return to the hospital. In the meantime there has been a special celebration and treat for those who were not well enough to leave the hospital.

All is excitement on the twenty-fourth. The wards are made spick-and-span. A big bow of red crêpe paper is tied to the head of each white bed. Early in the afternoon the children are dressed in their best clothes and everything is made ready for evening and the arrival of Santa at seven.

After an early supper, a small group of ambu-



Christmas is a cheery time for youngsters at Alameda County Hospital, Oakland, Calif. Above are shown some typical scenes from their 1935 Christmas celebration.

latory patients go to the near-by home of the surgeon, to the nurses' home and to the cook's house where they sing their favorite carols and present their simple gifts. When they return to the boys' ward where the exercises are to be held, the lights are off and they enter the dark ward carrying lighted candles and singing softly. Like little fireflies they go about lighting the candles in each window and on the mantel.

As they form in a group near the big tree, its many lights are suddenly turned on to make a beautiful picture. Songs are sung, stories are told and a short Christmas play is enacted. Suddenly bells are heard. Heads turn eagerly from door to door, wondering which way Santa will enter. When he appears, he is followed by four young girls dressed in flowing white robes and

wearing silver crowns who will help him with the many packages piled high on the decorated sleigh which is pulled into the room by two orderlies in spotless white. Excitement runs high, almost too high for the children to sing their songs of welcome, but soon names are called and gifts are distributed. Dainty wrappings are quickly disposed of so that the camera, the fountain pen or the wrist-watch that was asked for may be made sure of.

For two hours gifts and toys are inspected, admired and tested by everybody, but at nine o'clock they are placed on the foot of beds or on chairs and the children are made ready for the night. After midnight, the night nurse silently moves about, putting a Christmas horn and a long stocking containing candy, fruits and nuts at the head of each bed.

About four or five o'clock in the morning, Tommy, too excited to sleep, discovers the horn on his bed. What is a horn made for if not to blow? He tries his, but in the stillness of the dawn it sounds like a clap of thunder. He ducks under the covers, lest the night nurse be after him. Presently he hears Jimmy, two beds over, toot his horn. Nothing happens so Tommy sits up and blows his again. Others wake up, find their horns, and soon no one can sleep. As it gets lighter they find their stuffed stockings. The horn blowing stops so that small mouths may be stuffed with apple, orange and candy.

"Silent Night"

Christmas is a wonderful day. One can eat candy before breakfast and make noise before seven o'clock. But the wonderfulness has only begun. They hear singing first from a distance, then growing closer and closer. Presently in come the nurses, two by two, each carrying a candle and singing "Silent Night" as they walk through the ward.

Breakfast is served in the midst of trains, fire trucks, dolls, doll furniture, drums, candy and horns. Nobody wants breakfast and most of the trays are left untouched. By ten o'clock the wards are in order, the children washed and dressed for the day with all their playthings near by. Then come more gifts, including those sent from home. At noon a big turkey dinner is served with special decorations and favors on each tray.

All rules are suspended for the day and visitors come and go, roaming about as they please. Finally bedtime comes; sticky fingers are washed, toys are moved aside to make room for sleepy heads. As the lights are turned out one little voice pipes up, "Nurse, how long is it before Christmas?"

Why They Fell Out of Bed

By CONSTANCE HAIGH, R.N. and J. M. HAYMAN, Jr., M.D.

University Hospitals of Cleveland

WHEN a hospital patient who is supposed to remain in bed gets or falls out of bed, it is a matter of concern not only to the nurse in charge and to the physician but to the hospital administration as well. In the majority of instances there is no detectable harm to the patient. Occasionally, however, serious injury or even death has resulted. At such times the question of who was to blame is pressed, and its corollary, what can be done to prevent such accidents.

With the hope of being able to make some recommendations in reply to the latter query, the histories of 116 patients in the University Hospitals of Cleveland who had been reported to the nursing office as "out of bed" have been reviewed. These occurred from January 1 to December 31, 1935, among 15,966 admissions, an incidence of 0.72 per cent.

Of the 116 patients, 69 or 59 per cent were males, and 47 or 41 per cent were females. The age range was from two and one-half to seventy-seven years. The age distribution is shown in Table I.

Except for the rather high incidence in the first

TABLE I—AGE DISTRIBUTION OF PATIENTS

Years of Age	No.	Years of Age	No.
1-10	18	41-50	19
11-20	9	51-60	21
21-30	14	61-70	21
31-40	7	71-80	7
Total number of patients, 116.			

decade, in proportion to the number of children's beds in the hospital, age cannot be said to be a significant factor.

The distribution of the patients among the services is shown in Table II.

Of these 116 patients reported to the nursing office as "out of bed" only 29 or 25 per cent actually fell; the others got out for one reason or another. Seven of those who fell did so while reaching for something on the bedside table, four

fell while sitting up in bed, two while on the bedpan. Sixteen patients fell from bed while asleep or supposedly asleep; of these, two had been noted as being unusually restless, seven had been delirious from time to time before the accident. One patient fell when left alone while unconscious

TABLE II—SERVICE DISTRIBUTION OF PATIENTS

Medical	Ward	36	48
	Private	12	
Surgical	Ward	25	44
	Private	19	
Pediatric			16
Obstetric			8
Total			116

after colonic ether. Only one patient had had side rails on the bed and actually fell over them.

Of the other 87 patients, four got up to sit in a chair, one preferred to sleep on the floor, twenty-five got up to go to the toilet and three because they were frightened by other patients. These patients hardly need to be considered further. They knew they were supposed to stay in bed, were oriented and rational, but yet refused to obey the physician's instructions. Until some means is found of changing human nature, of rendering the obstinate docile, we shall always have this group, as well as the poor, with us.

Thirty-six patients climbed over the side rails which had been put up as a precautionary measure. Twenty-eight of these were disoriented or delirious. This is, of course, the difficult group. It had been recognized that they were likely to get out of bed, and precautions had been taken to prevent it.

In addition to these, eight patients broke restraint (restraining sheet or anklet) and got over the side rails. In three cases, only one side rail had been used, the patient pushing the bed away from the wall and getting out the open side. This seems to be one place where a suggestion is obvious—a single side rail should not be used, even

when the other side of the bed can be placed next to a wall. Finally, seven patients got out of bed apparently confused, either dreaming or subconsciously aroused by some disturbance on the ward. Of these, only one had given any indication of mental instability before the accident. This analysis is summarized in Table III.

The time of day when these patients got out of

TABLE III—REASONS FOR PATIENTS BEING OUT OF BED	
Fell out of bed—	
Reaching to table.....	7
While sitting up.....	4
Unknown cause.....	18
Got out of bed—	
To go to toilet.....	25
Miscellaneous.....	13
Got over side rails.....	36
Broke restraint.....	8
To sit in a chair or on floor.....	5
Total	116

TABLE IV—TIME OF DAY WHEN PATIENTS GOT OUT OF BED					
		7 a. m.- 3 p. m.	3 p. m.- 7 p. m.	7 p. m.- 11 p. m.	11 p. m.- 7 a. m.
Medical	Ward	2	6	8	18
	Private	4	1	3	4
Surgical	Ward	4	3	3	10
	Private	4	1	2	11
Obstetric		1	1	2	4
Pediatric		3	5	2	4
Total		18	17	20	51

bed also furnishes some data of interest (Table IV).

It is apparent that private patients and children are about as likely to get out of bed at one time as another, while the inhabitants of the medical wards, in particular, show a predilection for the wee small hours. Again, the patients who fell out of bed or got out to go to the toilet were about equally distributed throughout the day. But twenty-two of the thirty-six patients who climbed over the side rails did so between 11 p.m. and 7 a.m.

The question naturally arises whether sedative drugs, or any particular drug can be incriminated as a factor in patients getting out of bed. The sedatives given during the preceding twenty-four hours are shown in Table V.

Drugs Not an Important Factor

From this tabulation, it seems that drugs cannot be an important factor, for 59 per cent of the patients who fell out had received no sedative during the preceding twenty-four hours, while of those who got out 35 per cent had received no

sedative. The only drug which arouses any suspicion at all is pentobarbital. Of the private medical and surgical patients out of bed, 33 per cent had been given pentobarbital. This seems an unusually high incidence when the rather limited use of the drug is considered.

Regarding injuries suffered as the result of getting out of bed, nine of the patients who fell suffered slight bruises but no permanent injuries. One patient broke his great toe. Two serious results occurred in psychotic patients who had climbed over the side rails. One of these suffered a subarachnoid hemorrhage and died six days later; the other apparently struck his head, broke his mandible and was unconscious for five minutes. He also had a subarachnoid hemorrhage. The relation of the hemorrhage to the fall is, of course, problematical. It is possible that the hemorrhage may have resulted from the fall, but on the other hand the hemorrhage may have caused an increased irritability which had been the cause of the patient getting out of bed. One direct fatality was a patient with coronary thrombosis who attempted to get from the bed to a chair. This patient was apparently rational and had been warned to remain quietly in bed. This certainly would come under the class of patients who do not obey orders.

Staff Carelessness Seldom the Cause

The number of incidents in which direct carelessness of the medical or nursing staffs can be regarded of importance are few. Two patients who fell out of bed had been noted to be mentally confused and yet no precautions had been taken. Another patient who got out of bed when confused was known to have been disoriented but no precautions had been taken. One patient who had had colonic ether, and was apparently asleep, was left alone by the nurse and fell out of bed. This was obviously carelessness. Another instance of obvious carelessness was the case of a

(Continued on page 62)

TABLE V—SEDATIVES GIVEN PATIENTS DURING 24 HOURS PRECEDING THEIR GETTING OUT OF BED

Drug	Patient Who	
	Got Out	Fell Out
Morphine.....	15	2
Codeine.....	5	—
Pantopon.....	1	1
Chloral Hydrate.....	9	2
Paraldehyde.....	1	1
Barbital.....	—	1
Phenobarbital.....	9	1
Amytal.....	3	1
Pentobarbital.....	12	2
Scopolamine.....	1	1
None.....	31	17
Total	87	29

Everybody's Racket!

By CHARLES H. YOUNG, M.D.

and

EDWARD G. GULLORD, M.D.

Director and Admitting Physician,
Mountainside Hospital, Montclair, N. J.

THE control of noise seems to resolve itself into two main problems, the human and the mechanical. The first may be solved only through education, training and continual watchfulness. Doctors, nurses and employees must be made "noise conscious." There is a noticeable tendency for one to raise or lower the voice as others speak in loud or low tones. Example and influence play an important part. Thoughtlessness and indifference must be overcome by training or by elimination of persistent offenders.

Group training is important but considerable influence must be used with individual offenders who are often not conscious of their offense. Raucous voices are often traceable to long association with hard of hearing members of the family. It is a curious phenomenon that many people by raising their voices attempt to clarify the thought of the listener or believe that orders or criticisms are more effective if shouted. If comparatively few are taught to speak in low tones the habit will spread to others.

It seems axiomatic that human noises must be controlled through human means and mechanical noises by mechanical means.

Modernized Equipment Essential

Noises developed by equipment may be modified through intelligent handling but the incentive to control is largely dependent upon good repair and careful construction. Much attention has been given in late years to the equipping of apparatus with sound deadening devices. If we would eliminate noise we must modernize equipment with rubber coverings, bumpers, casters, with noiseless bearings, tight joints. We must use sound absorbing materials on floors and ceilings. In new buildings we must adopt structural effects which will modify transmission and reverberation. The most important article in structural and mechanical control is money, for these methods are all costly and you are limited in accomplishment if you can't pay the price.

Because Mountainside Hospital did not seem to be as quiet as it might be it was decided that a study should be undertaken for the purpose of locating disturbing and unnecessary noises so that

some systematic steps might be taken to eradicate them.

The best way to evaluate the effect of the hospital noises seemed to be to get opinions from a large group of people and with this thought in mind a questionnaire was formulated and copies were given to staff, nurses, patients and to various employees who had anything to do with patients. Fifty-four of these questionnaires were returned properly filled out and the statistics included in the accompanying tables are based on these.

In studying the time of day when noises are greatest we find that the noon hours between 11 a.m. and 1 p.m. are the worst. At this time most of the kitchens are being used. China dishes are clattering, trash cans are being opened and closed, food trucks are coming down the corridors banging on swinging doors and causing a low rumbling sound as they travel.

Also, the time between 11 a.m. and 12 noon is the visiting hour for most of the doctors on service and the confusion always attendant on these occasions adds to the general din. Loud voices are heard in the corridors discussing cases, supposedly out of earshot of the worried patient whose every muscle is tense as he attempts to hear what is being said about him.

Stretchers are coming down the corridors bringing patients back from the operating rooms, from x-ray or from physical therapy departments. Patients in wheel chairs are hurrying back to their rooms or wards for lunch.

The crying of children and the groans and retching of patients coming out of anesthesia add to the ordinary sounds of this particular period of the day.

In the evening, at 7 p.m., the change hour for

TABLE I—HOSPITAL NOISES REPORTED

Causes	Most Often Noted				Most Disturbing				Most Often Complained of by Patients		Most Annoying to Patients***		Total	
	by Patients		by Nurses		to Patients		to Nurses		D.	N.	D.	N.	D.	N.
	D.*	N.**	D.	N.	D.	N.	D.	N.						
Loud talking and walking in halls.....	13	7	12	6	7	4	12	9	11	8	15	8	70	42
Elevators.....	5		5		2	5	3	2	2				17	7
Enamelware and trash can covers.....	6	1	10		6	4	7	2	4	2	11		44	9
Noises from other patients.....	4	3	1	4	9	2	5	2	8	4	7	5	34	20
Bedpan racks and sterilizers.....	3		3	1	2				4		2		14	1
Moving furniture:														
beds, tables, etc.....	2	1	1		1		1		1	1			6	2
Banging doors and windows.....	2	2	1	2	1	3	2	1	3			2	9	10
Carts: food, dressing, stretchers, wheel chairs, etc.....	2		5			1	5		1		3		16	1
Beating up flaxseed poultices.....	1		1										2	
Kitchen and service room.....	1		4		1	1	1	1	3	2	2		12	4
Banging radiators.....		3		5	3	1	4	2	1	2	1	4	9	17
Outside noises: cars, trains, etc.....		4		1	1	1	1	2	1	1	1	2	4	11
Preparation of sterile trays.....		1												1
Bells, telephones, switchboards.....		1	1	1	2		1	1		3	1		5	6
Bed curtains and screens.....			2		3				3	1	1	3	9	4
Typewriters, etc.....			2				1				1		4	
Laundry chute.....				1										1
Radios.....				1			1		3		3	1	7	2
Dripping faucets.....							1	1		1			1	2
Laundry building.....								1						1
Ice machines.....									1		1		2	
Early milk delivery.....												1		1
Clock ticking.....				1										1
TOTAL.....	39	23	48	23	38	22	45	24	46	25	49	26	265	143

*Day.

**Night.

***According to Nurses

day and night nurses; a second period of confusion starts. Thoughtless voices of those anxious to be away from a long day's work, and new voices, for the moment not accustomed to being subdued, are heard awakening echoes along the corridors.

At the same time the evening influx of visitors begins. Apparently few are conscious of having entered a hospital where quiet is the rule. Instead, the people act like an early theater crowd. The visitors remain until about nine o'clock when the lights in the corridors are turned out. Again, there is a wild scamper and miscellaneous bumps on the stairs, steps in the halls and always unsubdued voices serve to disturb the sick patient.

Other periods of the day or night are less subject to the disturbances enumerated above. On the other hand the absence of those renders more audible other incidental noises. An enamel bedpan may slip from someone's grasp and drop to the floor with a resounding clank. The dead of night is frequently broken by the relentless banging of new steam entering cold radiators. Patients who suddenly acquire peculiar mental twists and cry out are no minor offenders in the midnight silence. These and many more accidental rackets can and do violate hospital silence at all hours.

Why So Much Noise?

A study of the point of origin of hospital noise naturally leads us to that necessary evil—the hospital corridor. What can there be in these barren halls to produce such a racket? The floors are rendered practically soundproof, you say, due to

TABLE II—NOISES LISTED AS CONTROLLABLE

	Number of answers
Visitors.....	16
Loud talk and walking in halls.....	15
Enamelware.....	13
Food carts, diathermy lamps and E.K. machine in halls.....	11
Banging radiators.....	10
Banging doors.....	10
Elevator.....	10
Kitchen.....	9
Trash can covers.....	8
Bed curtains and screens.....	7
Moving furniture.....	6
Radios.....	3
Dripping faucets.....	3
Automobiles.....	3
Pediatric cases in private corridors.....	2
Bedpan rack.....	2
Noises from other patients.....	2
Porters.....	2
Hospitality Shop.....	2
Typewriters.....	2
Switchboard buzz.....	2
Laundry building.....	1
Squeaking bed cranks.....	1
Transoms.....	1
Bedpan sterilizer.....	1
Admission of new patients after 8:00 P.M.....	1
Bells.....	1
Opening and closing windows.....	1

their composition covering. There is no furniture and the walls and ceilings cannot possibly create sounds.

All true, but the corridors themselves are not to blame. It is the ceaseless flow of people constantly passing back and forth. Swinging doors banged into with food carts, stretchers, laundry trucks, produce sounds which rebound and are transmitted. The portable electrocardiograph and the diathermy apparatus rumble down the corridor. On the first floor the halls carry the sound of bells from telephones, interns' calls and orderlies' signals.

Chief Offenders

But the chief corridor noise is that produced by visitors, doctors and nurses. Leather heels can be heard for long distances. Voices even when repressed can be made out and are certainly disturbing. Carefree laughter and playful jostling produce sound waves which are faithfully transmitted by the corridor to some restless patient's room. These are some of the sounds originating in the hospital corridor. It transmits many more.

Opening into the corridors and producing an almost continuous clamor are the old elevators. (Elevators should always open into vestibules). Numerous complaints were made about them. They cause a low, rumbling hum while running. When their doors are opened and closed they make more noise than is necessary. Those recently installed are much quieter.

Rooms and wards where patients spend their time contain many appliances which contribute noises, many of which may be modified by keeping them in proper condition. Cranking a bed up or down causes a prolonged squeak if the mechanical parts are not kept in lubrication. Bed screens are heavy and are noisy when they have no casters or gliders. As a result a nurse, attempting to move one, frequently has an accident and one of the sections collapses.

Bed curtains, in semiprivate rooms and wards, tinkle merrily as they are pulled around the bed. Bedside tables which have no casters are much too heavy to be easily moved and as a result are scraped along the floor when it becomes necessary to change their position. The seamless metal interiors of private room closets are excellent from the standpoint of sanitation but when a traveling case is carelessly dropped in them the resultant bang seems to be magnified in the adjoining room. There should be sound absorbing material surrounding them. And last in the list of room noises is the radio. If used properly it can cause little complaint but when thoughtlessly amplified can be very distressing.

Some of the least excusable noises originate in the service rooms and kitchens. Enamelware has to be frequently handled and numerous accidents are bound to occur. The bedpan sterilizer, the bedpan rack and trash can covers are all impossible to use without making a noise unless their parts are covered with rubber. The clatter of dishes and silverware is easily heard and often is carelessly augmented because someone has left the door open.

Outside of the hospital much racket originates, some of which could be controlled. The location of the hospital near a thickly settled community much given to celebrations creates a problem seemingly uncontrollable. Brass bands, parades, firecrackers, pop corn and children make summer Saturdays especially annoying.

A steady stream of automobiles traverses the avenue directly in front of the hospital. Caution signs warn the drivers that they are approaching a hospital but they are invariably ignored. A second and more disturbing noise from automobiles originates in the doctors' parking space behind the hospital. This is the relentless hum of the starter grinding away at a balky, cold engine.

Is not the subject of noise control of sufficient importance to warrant a free and open expression of opinions and relation of experiences by hospital executives? Hospital architects and builders need much education upon this subject and we who suffer from the effects of noise are the ones who should do the teaching.

The Laboratory's Obligations

Many clinicians can recall the time when a request for a blood sugar estimation was generally regarded as something of an affectation. Yet, within the short space of two decades, the pendulum has swung so far in the opposite direction that no procedure, no matter how difficult, is neglected on the laboratory request sheet of the physician connected with a hospital.

The advances in clinical bio-chemistry and other branches of clinical pathology justify much of the confidence placed in the value of laboratory procedures as aids in diagnosis and especially in the intelligent study of disease. What is often overlooked, however, is that the execution of even relatively simple analytical procedures requires physical equipment, technical skill and critical judgment in interpretation.

Obsolete methods and inadequately trained and overworked technicians are not conducive to precision, while misplaced enthusiasm and lack of scientific discrimination on the part of the clinician often defeat the very purposes for which the laboratory is intended. The directors of hospitals endeavoring to render modern and scientific services should carefully study the needs of the laboratory and provide for its organization and equipment in order that it may adequately meet its obligations.—*Lucius R. Wilson, M.D., John Sealy Hospital, Galveston, Tex.*

Orange Nurses Train To Fight Plague, Typhoid
 In connection with the annual conference of the American Nurses' Association, the Orange Memorial Hospital nurses are attending a special course in the treatment of plague and typhoid fever. The course is being conducted by the American Nurses' Association, which is holding its annual conference in New York City. The Orange Memorial Hospital nurses are among the first to receive this special training.

Orange Memorial Hospital Holds Triplet Record

Three sets arrived among 900 births between July '33, and April '35. Seven of the 12 survived. Triplets usually occur but once in every 8,000 births.

(Below) Peggy and Betty Morrison, daughters of Mr. and Mrs. Michael A. Morrison of Orange. Born April 17, 1933.



Dog Hurt, Runs To Hospital and Wins a Home
 A small dog, named "Spot," was found injured on the street near the Orange Memorial Hospital. The dog was brought to the hospital and treated by the veterinary staff. After recovering, the dog was found to be a stray and was eventually adopted by a local family. The hospital's kindness in caring for the animal has earned it a reputation for compassion.

MEMORIAL HOSPITAL HAS RECORD MONTH
 The Orange Memorial Hospital has set a new record for the month of July, with 1,000 births. This is a significant achievement for the hospital, which has been serving the community since its founding. The record was set during a period of high birth rates, and the hospital staff is proud of their ability to handle such a large number of deliveries.



Thomas, Michael, and Mrs. Michael Morrison, 24, 1933.



Pup In Pain Hobbles Way To Hospital For First Aid

Nurse Hears Faint Scratching At Door And Finds Wire-Haired Terrier With Foot Injury
 The never-ending controversy over which breed of dog is most intelligent may be definitely settled for Orange. A police officer and internist at Orange Memorial Hospital, Dr. William H. Lutz, has found that the wire-haired terrier is the most intelligent breed of dog. This was proven when a wire-haired terrier named "Spot" was brought to the hospital for treatment of a foot injury. The dog was found by a nurse who heard faint scratching at the door. The dog was brought to the hospital and treated by Dr. Lutz. The dog was found to be a stray and was eventually adopted by a local family.

CUP AWAITING BIRTH OF 15,000th BABY
 The Orange Memorial Hospital is preparing to celebrate the birth of its 15,000th baby. A special cup has been ordered to mark this milestone. The cup will be presented to the mother of the 15,000th baby. The hospital staff is proud of its long history of service to the community and is looking forward to this special occasion.



STEAM WAVES
 The Orange Memorial Hospital is offering a special service for patients. Steam waves are being used to treat various skin conditions. This is a new and effective treatment that has been developed by the hospital's dermatology department. Patients who are interested in this treatment should contact the hospital for more information.

New Staff Members at Orange Memorial Hospital



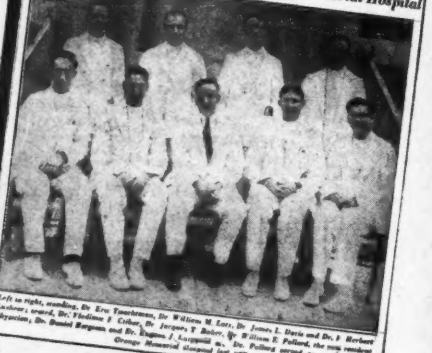
From left to right: Dr. William H. Lutz, Dr. James H. Lutz, Dr. John H. Lutz, Dr. Robert H. Lutz, Dr. Charles H. Lutz, Dr. Edward H. Lutz, Dr. George H. Lutz, Dr. Frank H. Lutz, Dr. David H. Lutz, Dr. Henry H. Lutz, Dr. Thomas H. Lutz, Dr. Michael H. Lutz, Dr. Mrs. Michael H. Lutz.

10,000 Babies Ushered Into World In 10 Years At Orange Memorial



ORANGE MEMORIAL HOSPITAL UNIT—THEN AND NOW
 The modern maternity building and (inset) the pioneer 1934 structure.

New Resident Physician, Staff of Orange Memorial Hospital



Left to right, standing: Dr. Eric F. Lutz, Dr. William H. Lutz, Dr. James H. Lutz, Dr. John H. Lutz, Dr. Robert H. Lutz, Dr. Charles H. Lutz, Dr. Edward H. Lutz, Dr. George H. Lutz, Dr. Frank H. Lutz, Dr. David H. Lutz, Dr. Henry H. Lutz, Dr. Thomas H. Lutz, Dr. Michael H. Lutz, Dr. Mrs. Michael H. Lutz.

Prepare Welcome for 15,000th Baby Born at Orange Memorial Hospital

Great excitement will attend the birth of a baby at the Orange Memorial Hospital. The hospital is preparing to celebrate the birth of its 15,000th baby. A special cup has been ordered to mark this milestone. The cup will be presented to the mother of the 15,000th baby. The hospital staff is proud of its long history of service to the community and is looking forward to this special occasion.

Maternity Building Once Was 2-Bed 'Institution'

The maternity building of the Orange Memorial Hospital is a fine example of modern architecture. It was built in 1934 and has since been expanded to accommodate the growing number of births. The building is now a 20-bed maternity ward. It is equipped with all the latest medical equipment and is staffed by experienced nurses and doctors. The building is a testament to the hospital's commitment to providing the best care for its patients.

Nursing Graduates at Orange Memorial



Members of the 1938 class, graduated recently from Orange Memorial Hospital's Training School for Nurses, are of the above rank. From left to right: Miss Mary H. Lutz, Miss Anna H. Lutz, Miss John H. Lutz, Miss Robert H. Lutz, Miss Charles H. Lutz, Miss Edward H. Lutz, Miss George H. Lutz, Miss Frank H. Lutz, Miss David H. Lutz, Miss Henry H. Lutz, Miss Thomas H. Lutz, Miss Michael H. Lutz, Miss Mrs. Michael H. Lutz.

Orange Memorial Hospital breaks into print.

It Pays to Publicize

By RAYMOND PATON SLOAN

THERE is no news in the mere fact that a bedraggled little mongrel gets hit by an automobile and limps away uttering sharp, plaintive cries of pain. When that same dog drags his maimed foot to the door of a hospital, however, and stands there scratching to gain admittance there is a story with abundant human interest to inspire even the most callous news reporter. Good publicity, too, for the hospital. If there is any doubt on this score just check with F. Stanley Howe, director, Orange Memorial Hospital in Orange, N. J. Study his bunch of clippings from daily and weekly papers in Orange, Newark and even New York, winning attention with such alluring heads as "Dog Hurt, Runs to Hospital and Wins Home," or "Pup in Pain Hobbles to Hospital for First Aid."

Still incredulous over what such publicity will do for a hospital? Very well, take a look at his figures showing revenue from patients during the past three years. It was in 1934 that people in Orange and its surrounding metropolitan area first began to learn of Orange Memorial consistently from the daily press. By the end of that year a 12 per cent increase in patients' earnings was reported. In 1935 this total jumped 5 per cent more, and 1936 promises to show a 15 per cent increase over the preceding year.

Measured in Column Inches

Some of this improvement may fairly be attributed to better economic conditions. It parallels greater activity on the part of hospitals the country over. A share of it, however, and a very substantial share is undeniably due to a systematic campaign to publicize the hospital. Looking back to 1934 we find that newspaper lineage totaled 800 column inches. The next year this jumped to 1,080 column inches. For the first ten months in 1936 the figure reaches 1,800.

In the meanwhile the community has come to expect news of the hospital in the daily press. When a week or so goes by and nothing appears questions begin to be asked. "I haven't seen anything about the hospital recently, what's wrong?" Yet there were those closely associated with the institution who refused to regard it seriously when hospital publicity was first discussed.

How is a publicity campaign started? What steps must be taken to organize it on a sound basis? What, in fact, constitutes effective publicity? We all know the harm that can result from the wrong kind. Suppose we review the benefits accruing from the right kind, and ascertain to our complete satisfaction what determines right from wrong.

Ready for Public Scrutiny?

Before contemplating any definite plan those in charge should ask themselves first, "Is the hospital ready for publicity?" The only dependable answer lies in an appraisal of the service.

"If we cannot have everything," Mr. Howe explains, "at least we should have the essentials; a high-principled, competent and nonmercenary medical staff; skillful and kindly nurses; well planned, varied and attractive meals; a prompt, accurate and understandable billing system, free from ambiguities; a simple yet adequate administrative machine subordinating the literal interpretation of rules to ordinary common sense. With all these comforting assurances we may safely prepare to carry our message to the public through the conventional channels of publicity."

Given then, a solid foundation on which to build, the next question is how to start. The first essential is that the sole responsibility for publicity be placed in the hands of some individual who by training, knowledge and sympathetic understanding is qualified to interpret hospital service to the public. It is best that he be someone outside the institution proper.

Again Mr. Howe has something to contribute from his own experience. "The things which may seem to us important are frequently of no news value in the opinion of reporters and city editors, so that our individual attempts to secure notice of what we consider important are often discouraging and produce small results. For these reasons an outsider, sympathetic with the hospital but candid in his comments and criticisms is almost indispensable if we are to establish and maintain the necessary contacts and keep open to

us the channels through which our news may reach the public."

Much of the success of the publicity plan then, rests with the person to whose care it is entrusted. Orange Memorial is particularly fortunate in this respect. A friend with long experience in publicity work offered his services three years ago. The first year he devoted 102 hours to the hospital. This has now been increased to over 1,000 hours a year or approximately three hours a day. For such service he receives a small retaining fee, also expenses for stenographic help and mailings.

Three Requirements for Success

Publicity, whether it be applied to hospitals or any other type of service must, in the opinion of Charles E. Farrington, be consistent, insistent and persistent. His approach to the problem at Orange Memorial was predicated on these three major points.

First, he prepared a card file covering all the major events on the hospital calendar which might be interpreted to appeal to the general public. Nurses' graduation, for example, the new class of interns, the annual report, Christmas activities and such. In each instance he worked weeks ahead assembling all the data possible with which to build a story that would possess news value, and so scheduled his releases to ensure them getting to newspaper desks in ample time.

The deeper he delved into the hospital's records the more abundant became the material from which he might draw. His nose for news led him to investigate, among other activities, the maternity department. Soon he had before him a wealth of matter with which to weave fascinating tales. There was, for example, the one-story, two-bed maternity building erected by the hospital in 1884. Even then, it appears, the institution had its separate obstetric unit. How striking the comparison between it and the present modern building of 150 beds! Partly from memory, assisted by what information he could muster on the subject he drew a sketch of this pioneer structure long since demolished, and used it as an insert in the corner of a photograph of the present building. Next, he found that 10,000 babies had been born in the new building in ten years. Gradually a story was built up that could not help but win notice.

At the time that this article is being written Orange is awaiting with keen anticipation the arrival of the 15,000th baby to be born in its present maternity building. Whoever the child may be a silver cup is ready for him, a gift of the hospital. Its presence in the window of a leading silversmith in town has stirred up great interest.

Numerous expectant mothers are mentally picturing a name engraved in the space now vacant.

News stories describing the gift also include information about the hospital and its work. Let us single one out for closer inspection. "Less than twenty years ago an average of nearly 500 babies were born each year at the hospital, and plans were made for the present maternity building which opened on June 15, 1921, a little over fifteen years ago. More than 1,000 babies are now being born in it each year, and the 15,000 mark is expected to be reached in the near future. In honor of the event the hospital will present the cup to the 15,000th baby who can point to the building and say, 'This is where I was born.'"

When the time finally arrives there will be much ado over the new arrival, probably with pictures of the baby, its mother and the ceremonies attending the presentation of the cup. Permission of the parents will have to be secured, of course. As the hospital's publicity procedure becomes more clearly defined in the minds of the public, however, there is noticeably less difficulty in gaining the cooperation of those individuals participating. "If it will do the hospital any good, go ahead," characterizes the attitude.

The advantage of having a layman in charge of the publicity program lies in the fact that he represents a disinterested viewpoint. He meets the newspaper people on their own ground, gains their confidence and thus identifies the hospital as one ready to cooperate, but whose patients must be protected as long as they remain in its care. This is extremely important.

Winning Cooperation From the Press

Close contact with local newspaper offices is desirable, Mr. Farrington has found. He makes as many personal calls as time permits, always being careful, however, never to intrude at busy times when forms are closing and an issue is going to press. Sometimes he talks over an idea for a story with the editors in advance. More frequently, he merely sends in the material to a list of some twenty-three papers and waits results. At the start he knew few if any of the names of the men in charge of the desks he wanted to reach. Correspondence and personal contacts have rectified this so that today he knows some at least of those with whom he is dealing. This, of course, is helpful.

To secure the best cooperation from the press it is necessary to play fair in every dealing with them. Under no circumstances should one paper be given preference over another in issuing releases. And should a suggestion for an article emanate from one, every means must be employed



Nurses at Orange Memorial are now taught what to do when a bed with a patient in it catches fire. The picture shows a nurse removing blazing bed clothing during a demonstration staged at the hospital.

to protect the more enterprising organization on its idea.

Sometimes an idea may require months of work before it is ready to assume definite form. Such an instance occurred in connection with a triplet record of which the hospital is extremely proud.

It seems that four sets of triplets arrived among 900 births between July, 1932, and April, 1933. Eleven of the twelve survived. News pertaining to this unusual occurrence appeared from time to time but to one Newark Sunday newspaper was suggested the idea of running in its Sunday rotogravure section pictures showing the children as they appear today.

This required personal contact with the parents, arrangements for the newspaper photographer to snap the pictures and permission of the parents for the pictures to be finally used. In all, Mr. Farrington spent ten months working with the newspaper in executing this one idea. As it finally appeared, however, under the heading "Orange Memorial Hospital Holds Triplet Record," it represented advertising space the cost of which would run up into hundreds of dollars.

The one major expense in carrying out such a publicity program is photographs. Good, clear

prints are essential—the more action they convey, the better. They help sell any article. Mr. Farrington has found that it is more satisfactory for the hospital to take its own pictures than rely upon newspaper photographers. The cost involved is about three dollars for an original print, with an additional charge of fifty cents for each extra. In 1935 some \$50 was spent for pictures. This year it will probably run around \$100.

An example of a good action picture is that reproduced with this article showing a nurse participating in a fire drill. She is in the act of snatching flaming blankets from a dummy lying on a hospital bed. This picture with accompanying article was featured in the New York *Herald-Tribune* among metropolitan dailies in addition to space accorded it in Newark, N. J., and local papers. It represents a different approach to hospital procedure in training employees how to act in emergency. Newspaper men attending the demonstration were quick to sense the news angle. This was an instance where Mr. Farrington did some preliminary work in checking with the press.

It has been proved during the three years in which this publicity program has been carried on that happenings which appear of least conse-

quence many times loom bigger in the eyes of the press, and win the best attention.

We started out with the description of the small dog that presented himself at the hospital for treatment. Then there is the story of the kitten discovered one day perched high in one of the big trees right outside the main entrance, crying pitiously to be taken down. There was but one thing to do, call the fire department to the rescue. This was done much to the relief of the kitten and to the prestige of the hospital. The publicity man got busy and squibs about the kitten in the tree appeared in several papers featuring the hospital in the rôle of good samaritan. Any institution so human as to help out a kitten in distress must treat its patients kindly was the impression gained.

A Front Page Story

On another occasion an incident occurred which, unheard of as it may be in hospital circles, would never be regarded as of such consequence as to warrant featuring on the front page of a newspaper. A former patient actually came in and paid twenty-five cents for a prescription she had owed the hospital for five years. Yet this little item actually made the front page of one of Newark's leading newspapers as well as being given space in several other local sheets. All of which goes to prove you never can tell. Nothing has quite such appeal as human interest.

It is evident that any file of hospital events on which publicity matter may be based will soon assume substantial proportions. The fact that an employee has served many years in the same post may merit a story. Or let us inspect a recent clipping titled, "Boiler Room Superintendent Also Artist." It tells of Mr. Deeley in charge of the boiler room at Orange Memorial who is an artist when off duty. One of his miniatures is now on exhibition at the Montclair Art Museum.

There is just no limit to the possibilities of it all. Mr. Howe reviews some of them as follows:

"A photograph of the new interns, with some biographical data about the men, the number, and geographical distribution of applicants and a touch of color as to some of the situations which confront them; the creation of new departments in the hospital or clinic; the acquisition of a significant piece of apparatus, or a bequest; new records in service figures, such as accident cases treated, out-patient visits, number of babies born with comparison as to number of boys and girls, or the advent of triplets (if all went well); an unusual demand on the staff, such as the simultaneous amputation of both legs of a patient by two operating crews; or a birthday party in the

hospital for some popular patient. These and many other items will 'make' the papers."

Thus far we have concerned ourselves with articles prepared by the publicity man and submitted to the newspapers. There is, in addition, the problem of how to handle reporters who storm the hospital gates for interviews or stories which they will write on their own account, to say nothing of the news photographers who accompany them, hungry for shots of unfortunate victims.

"It is necessary to treat the various reporters as individuals rather than as a group," Mr. Howe believes, "and to exercise the same discretion as in all our other personal contacts. Some men we can talk to frankly and safely 'off the record', and with others we have to say nothing which we would not be willing to have them print either verbatim or with some elaboration. I encourage them to ask for me personally whenever possible as it is naturally easier for me to say 'no' without offense, than for any of the others in the hospital who do not know them personally. But we also give the patient first consideration, and withhold information which might give the hospital publicity, but possibly at the patient's expense."

Folders Are Distributed

Leaving the subject of press releases there are other phases of publicity as practiced at Orange Memorial which deserve attention. Over a period of two years small folders have been prepared and distributed describing the work of certain departments, such as the children's service, the maternity unit and the widely publicized Guest Suite. Even more recently a postal card has been added to this group showing an aerial view of the entire hospital plant with each building marked and identified. These various advertising pieces are kept in racks on the reception desk, in the elevators, the waiting rooms and other spots where they are easily accessible. Over 17,000 have been distributed and it is expected that the series will be augmented from time to time.

Designed especially for the maternity department are postal cards decorated on the address side with a sketch of the stork about to deliver a baby down the chimney. The opposite side contains a picture of the maternity building with room for a brief communication. These are available in blue or pink.

"Have we possibly lagged behind in the matter of public education," Mr. Howe enquires, "and allowed to develop in the public mind a feeling that we are rather monastic institutions, off the beaten pathway of modern life, saying little about ourselves and not too deeply concerned with bringing our message to those we stand ready to serve?"

Intravenous Injections

THE therapeutic uncertainties frequently connected with the oral administration of drugs, together with the immense progress made in the past decade in the purification and packaging of solutions for intravenous use, have made it imperative that all physicians and interns be familiar with the techniques of all types of intravenous injections and infusions, and that all registered nurses be able at least to give such an injection with a syringe, to patients with easily accessible veins, using a ready-prepared solution taken from an ampule, with as great dexterity and

By GEORGE B. LAKE, M.D.
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longitudinal sinus) he should give the injection himself.

This brief article does not aim to tell experienced physicians all there is to be said about intravenous injections (that information has already been made the subject of at least one volume of considerable size), but is intended to give to physicians not well acquainted with this method, to interns and to nurses, a sufficient basis of technical details so that they can select and prepare the necessary instruments for giving an intravenous injection. With a little practice they can actually give such an injection satisfactorily to patients whose superficial veins can be made to distend to such a degree that they are clearly visible or readily palpable, unless the person giving the injection is wholly or largely lacking in sensitivity and delicacy in the use of the hands.

Every physician's office, and every operating room, emergency room and ward, or at least every floor station, in every hospital, should at all times be equipped with a sterile set-up for giving one or several intravenous injections on a moment's notice, and every operating and emergency room should be always ready to start a large intra-



Fig. 1. Method of inserting the needle after application of the tourniquet.*

assurance as they now give a hypodermic injection.

Of course there are some highly intelligent and otherwise capable people who are lefthanded in both hands and who never seem able to cultivate the delicate tactile sensibility and finesse in manipulation which are required for giving these injections. Equally of course, this method, as well as the drugs or solutions to be used, their doses, and the speed with which the injection should be given, should always be prescribed by a physician and in difficult or complicated cases (as, for instance, when it is necessary to cut down upon a vein and isolate it, or when the injection is to be made into the jugular vein or the superior

*Illustrations from Dutton and Lake's "Parenteral Therapy" by courtesy of Charles C. Thomas, publisher, Springfield, Ill.

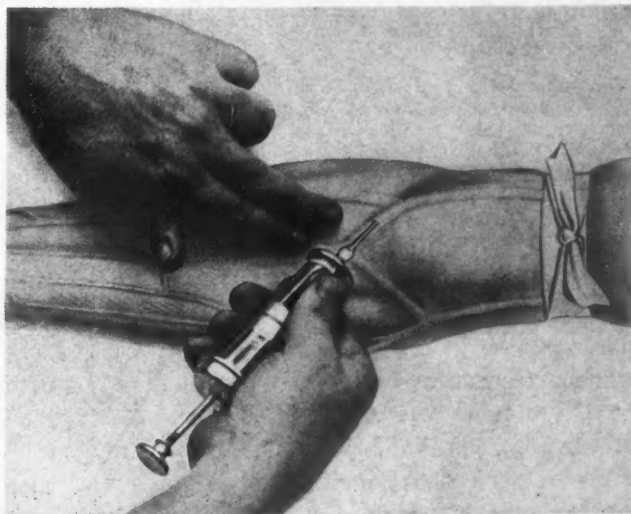


Fig. 2. Semi-diagram of same maneuver as Fig. 1.

venous infusion by the gravity method without any delay whatever.

The matter of medicaments for intravenous use is no longer the problem that it was even ten years ago. The list of drugs, put up in sterile ampules in carefully measured doses, which require only to have the neck filed and broken off and the contents drawn up into the syringe under aseptic precautions, is so large that almost any emergency of clinical practice can be readily met, provided a reasonable degree of foresight has been used in providing a supply of the more commonly used remedies. Even large containers, filled with physiologic salt solution, various dextrose solutions and a number of others, with all necessary apparatus for giving an infusion, are now available for use by anyone who has the dexterity to insert a needle into a vein and connect the various parts of the equipment.

The sterile set-up, for routine intravenous injections to be given with a syringe, using ready-prepared solutions from ampules, is as follows: four syringes of the Luer type, made of hard or "resistance" glass, with or without a device at the tip for locking the needle (two of 2 cc. capacity, one of 5 cc. and one of 10 cc., preferably with an eccentric tip); at least six needles of high-

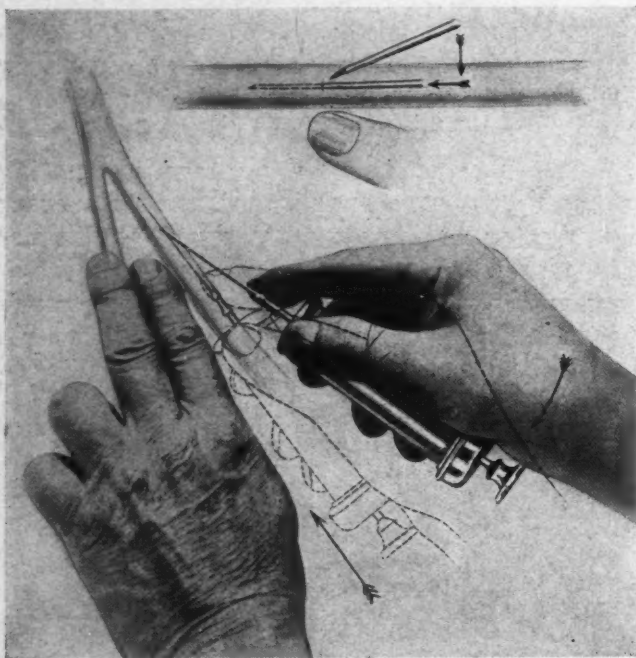


Fig. 3. Diagram showing the correct manner of holding the veins and inserting the needle into the lumen.

carbon or rustless steel, all sharp, smooth and in good condition (they should be tested before being sterilized), and with a short or moderately short bevel (one $\frac{1}{2}$ -inch, 26-gage, for giving local anesthesia at the point of puncture, if required; two 1-inch, 25-gage; two 1-inch, 24-gage, and one



Fig. 4. The tourniquet is released; then the hands are changed. The left hand supports and steadies the syringe while the piston is driven home by the thumb and index and middle fingers of the right hand.

1-inch, 22-gage); several 2-inch and 4-inch gauze sponges or wipes; two or three small files for nicking the stem of the ampule (though sterilizing these is a refinement of technique); two spring forceps, for handling the syringes and needles.

If the drug to be injected has to be dissolved before using it, as is the case with neoarsphenamine and some others, the sterile set-up should include a beaker for making the solution and a filtering adapter containing a small pledget of gauze and armed with a 17-gage filling needle, to filter out any particles of glass from the ampule or undissolved particles of the drug. On the dressing table there should be a flask of sterile distilled water and of physiologic salt solution, and a sterile cylindrical graduate, all capped with sterile gauze or plugged with sterile cotton.

On the dressing table with this set-up, but not necessarily sterilized, there should be a tourniquet of braided elastic or flexible rubber tubing, 30 inches long (or the cuff of a blood pressure apparatus may be used), for occluding the vein above the site of puncture; a 4-ounce beaker half full of 70 per cent alcohol, in which to immerse the ampule or ampules before opening (this, too, is rather a refinement of technique and may be dispensed with in an emergency); bottles containing alcohol, ether and tincture of metaphen, merthiolate or other preferred skin antiseptic; a small bottle of sterile, 3 per cent procaine solution; a bottle containing a mixture of 2 drams (8 Gm.) of camphor, 1 dram (4 Gm.) of menthol and 1 dram (4 Gm.) of chloral hydrate, and a package of sterile towels if the site of injection is to be draped (this is a good precaution to take, but is not essential in simple injections).

When a patient is admitted to a hospital, it would be a good idea if the physician or intern who makes the first general physical examination would look for superficial veins suitable for re-

ceiving an injection, and note their presence and location on the history sheet, so as to save time in an emergency.

The most favored site for intravenous injections is the flexor surface of the elbow, where there are usually several large, superficial veins admirably suited to the purpose. The median cephalic or median basilic vein is usually chosen if satisfactory, but any of those in this locality will do.

If the veins do not stand out prominently enough when the operator grasps the arm above the elbow and the patient flexes and extends his forearm two or three times or lets it hang down at his side, they may sometimes be encouraged to do so by immersing the arm in hot water for a few minutes or by slapping the extended arm somewhat smartly.

People who are expert in this technique can locate a vein and make an injection by palpation alone, but those less familiar with it should choose a vein which is visible and fairly prominent. If the antecubital vessels do not meet this requirement, one of the veins on the back of the hand, the top of the foot or the inner side of the wrist or ankle may serve the purpose. If not, a more experienced operator should be called.

The degree to which the vein is fixed in the surrounding connective tissue is sometimes more important than the caliber of the vessel, and the thickness and toughness of the skin over it are equally important. The more movable and tougher the skin, the smaller the needle that should be used and the more important it is that the needle be sharp. In all types of injection work, sharp, smooth needles make satisfied patients.

Ready for the Injection

All being ready for the injection, the patient reclines upon a bed or table, with the arm or leg supported upon a rest or bedside table in a comfortable position, or sits relaxed and easy beside a table with his arm comfortably extended upon it. In either case the limb should be so disposed that the vein chosen for the injection is easily accessible to the operator.

If the patient is nervous or hypersensitive, so that he (or generally she) is liable to flinch when the needle pierces the skin and thus disturb the technique, it is well to anesthetize the point of injection by painting it carefully with the solution of camphor, menthol and chloral described above, using a camel's hair brush, or by injecting one drop of the 3 per cent procaine solution with the half-inch, 26-gage needle. The intravenous injection will then be quite painless.

The tourniquet is applied above the site of injection, just tight enough to impede the venous return flow without interfering with the flow in the arteries. It is fastened in place with a half-bow knot with a long end hanging out handily, so that it can be released at the proper moment by a light pull.

The site of puncture and the surrounding skin are then cleansed with alcohol or ether, painted with tincture of metaphen or other preferred anti-

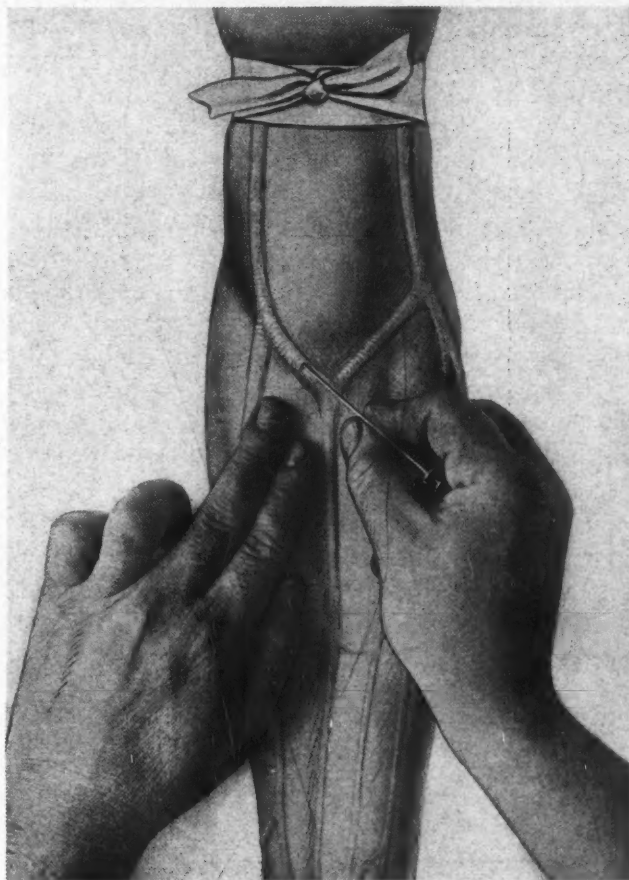


Fig. 5. Semi-diagram of intravenous injection by the gravity method.

septic and, if the color of this latter obscures the site of injection, it should be wiped off with alcohol.

The operator places the index and middle fingers of his left hand (unless he is lefthanded) in such a position as to steady the vein and make slight tension upon it, so as to prevent the skin from "crinkling" in front of the needle.

Holding the filled syringe, from which all air has been expelled, between the palmar surfaces of the four fingers and thumb of his right hand, the shaft of the needle is placed directly over the vein, parallel to its long axis and at an acute angle to it. The point is then forced through the skin with a firm, quick and controlled thrust, until a sudden lack of resistance advises the experienced

hand that the point of the needle has passed through the skin or is in the lumen of the vessel. While timidity in inserting the needle must be avoided, great care must be exercised not to be too energetic, lest the point pierce the distal wall of the vessel, resulting in subcutaneous bleeding or spilling of the injected solution or both. Dexterity and practice are required to overcome these difficulties.

The needle should be adjusted so that its bevel is on the same side as the graduation markings on the syringe, and this surface should be upward when the needle enters the vein, so that the operator can readily see how much fluid he is injecting.

If the needle does not pierce the wall of the vein at the first thrust, it should appear under the skin as a long, narrow wheal, or may be palpated in those whose veins are deep. Downward pressure is then exerted by the syringe hand, sufficient to make the point of the needle pass through the proximal vessel wall and bring the syringe to a practically horizontal position.

When the point of the needle seems to be in the lumen of the vein, blood will back up into the syringe by its own pressure or can readily be aspirated by a slight drawing back of the plunger. When this occurs, the needle is carefully pushed into the vein for half its length, the tourniquet is released, the tension on the skin is relaxed, and the plunger of the syringe is forced home, slowly and steadily, until the injection is completed.

The needle is then removed with a quick, firm

motion, in the direction of the vein, and a sterile gauze sponge, moistened with alcohol, is immediately pressed firmly upon the point of injection and held there for a minute or two, after which one looks to see if there is any subcutaneous or external oozing of blood. If so, the pressure with the compress is continued for several minutes more, giving it a slight to-and-fro motion; if not, it is removed. Closing the needle puncture with a bit of sterile adhesive tape or a drop of collodion is generally unnecessary unless an unusually large needle has been used, but it is a matter to be decided in accordance with the individual judgment of the operator.

After the injection of potent medicaments or those which are known to be followed by reactions in some cases, it is well that the out-patient should remain in the hospital or the doctor's office for from fifteen to thirty minutes or more, so that help may be immediately available in case untoward symptoms should appear.

The limitations of space do not permit a discussion of the management of the immediate or remote complications and accidents in the use of intravenous injections, or of details of the selection and care of the instruments used, or of the extemporaneous preparation of solutions for this purpose, but it is believed that with satisfactory equipment and a reasonable degree of dexterity any intelligent physician, intern or nurse can, by following these directions carefully, give an ordinary, simple intravenous injection in a satisfactory manner.

Assuring Good Nurses' Records

By DORA H. ARNOLD, R. N.

Brantford General Hospital, Brantford, Ont.

Probably the two most important factors in the production of good nurses' notes are the physician's interest in them and his desire to obtain them, and the allowance of sufficient time by the hospital to permit the nurse carefully and intelligently to record observations and treatments.

Early in her training course, the student nurse should be taught the value of complete and accurate records. This training should be augmented on the wards by the supervisors or head nurses. Then, the physician should make a habit of reading the nurse's notes and making constructive criticism when necessary. Charting is best taught by a course of lectures and classroom discussions. The magic lantern may be used to show interesting cases.

The use of charts and records by the individual physician and by the medical staff as a group, and their value to the hospital and the patient, and the methods employed in filing them in order that data may be readily available, should be explained by the librarian when the student visits the record department.

Only if the nurse who makes the observation regarding the patient's condition and carries out the various treatments and medications, records them within a short period of time can records which will be valuable in future years be obtained.

Orderly Arrangements for the Orderly

While it is one of the indispensable elements in a hospital organization, orderly service can, at the same time, be an irritating problem. Several hospitals have successfully eliminated troubles with this service by transferring it from the housekeeping to the nursing department. Since the individuals work under the observation and immediate direction of the nurse supervisor, it is hardly logical to make them accountable to a department not having jurisdiction on the floors. A successful working out of this problem is to select a dependable man as head orderly, entrusting to him the duty of selecting and training new men; he, in turn, being responsible to the nursing department. Porters, cleaners and others not caring for patients would naturally remain under the housekeeper.—F. Stanley Howe, *Orange Memorial Hospital, Orange, N. J.*

Administrative Case Histories

By FRED G. CARTER, M.D.

Superintendent, Christ Hospital, Cincinnati

1. Locum Tenens

THE request for a young medical man to relieve the doctor in the rural community who wants to take a long deferred vacation comes with astonishing frequency to the hospital administrator. The suggestion is usually made that he send one of his interns to act as a locum tenens during the month or more that the doctor expects to be away. Attention is directed to the valuable experience to be acquired through this arrangement to say nothing of the monetary return which may be the means of helping a deserving intern to weather the financially stormy period of preparation through which he is passing.

One can't help sympathizing with the doctor in question who has been tied like a slave to his practice for many years and who has looked forward to this vacation eagerly and longingly. Neither can one fail to understand the plight of the intern who sees in this opportunity a chance to make himself financially independent for the balance of his intern year. But there are other factors to be considered.

It is true that there was a time when the recent medical graduate served as an intern only when he couldn't find anything else to do. With the arrival of a more remunerative offer he severed his connection with the hospital and entered practice. In those days doctors easily secured substitutes to take over their practices by calling the nearest hospitals and making their wants known. Things have changed, however, until now the internship has in many instances become a part of the regular training of physicians through action of the various medical colleges and state boards of medical examiners. The intern has become as much a part of the regular personnel of the hospital as any other employee. The fact is recognized that he needs the hospital experience to round out his training and the hospital needs him to assist with all the details involved in rendering efficient medical care.

If the hospital didn't need the services of the intern it wouldn't engage him. If the intern didn't need the experience offered by the hospital

Doctor Carter carries on the case history series throwing light on four problems most administrators face

and didn't need to fulfill the educational requirement represented by the intern year he wouldn't accept the internship. Any interference with this hospital-intern relationship is detrimental to the interests of both. Incidentally, leaves of absence granted to interns may jeopardize the standings of these young men before certain state boards of medical examiners when application is made for licensure. Some have gone so far as to specify the exact amount of time that must be served and have implied that time lost must be made up.

The intern never knows when he may want to qualify for practice in one of the states having rigid requirements as to the time element involved in intern service. The rotating internship is on a definite schedule basis and it is extremely difficult to make up services that have been missed for any reason. Credits for services missed cannot be allowed any more than credits can be given for courses not taken in the medical college. Obviously, for the sake of his own future, the intern should not allow anything to interfere with his internship if he can possibly avoid it.

If the hospital administrator maintains lists of former interns and residents who are seeking such opportunities as the ones mentioned, he may be able occasionally to take care of calls for substitutes and assistants but these requests should not be allowed to interfere with the regular internships or residencies.

2. Requests for Information

Requests for information about patients come from numerous sources. Anxious relatives may want to know the exact condition of a loved one; a physician may want to know what has been done for a patient who has come under his observation

after leaving the hospital; an estranged husband may be seeking information that will be useful in helping him to secure a divorce or the custody of children; an unscrupulous lawyer may be attempting to get information that will serve as the basis for a lawsuit that will yield some kind of a fee to him; a social agency may want information that will be helpful in making plans for a patient or the patient's family; an insurance agent may be attempting to settle a claim for damages; a neighborhood gossip may be looking for ammunition for her "over the fence" conversations; an automobile driver may be checking up on the amount of damage he did to the victim of his reckless driving; the newspapers may be looking for news items.

How Much Should Be Told?

Any single inquiry of this kind opens up the whole question as to when information shall be given and when it shall be withheld. It also raises the query as to how much information shall be given out. Since the relationships of patients, doctors, and hospitals are of a privileged or confidential nature and since violation of such confidence on the part of hospital or doctor may be made the basis for a civil suit for damages if the revelations made are construed to be damaging to the character or reputation or general well being of the patient, it becomes obvious that requests of this kind must be handled with rare tact and judgment.

For some unknown reason people making such inquiries feel that they are entitled to receive any information that happens to be in the possession of the hospital and most of them are quite incensed if they don't get it. To withhold information without giving offense which might be damaging to the good will which the hospital enjoys is a problem requiring ingenuity and tact. Reversing the positions of the inquirer and the patient, asking the former whether or not he would like to have information concerning him given out indiscriminately if he were the patient, oftentimes will placate him. Then again, it sometimes helps to tell the inquirer that the hospital is not permitted by law to give out information about patients without the written consent of the latter and that the hospital may be sued and damages collected for so doing.

Members of the immediate family of the patient may be kept advised of the condition of the patient, but the information which is given to them must not be of such nature as to damage the character of the patient in the eyes of the members of his family. Close relatives and friends who have the interests of the patient at heart may

also be kept advised of the condition and day to day progress of the patient.

In the instance of physicians who have treated or are treating cases about which the hospital has knowledge there is usually no objection to giving them such information as they may desire to bring their own records up to date since this information is to be used in promoting the best interests of the patient.

As a rule, information may be given to social agencies providing such information is to be used solely in promoting the interests of the patient. If there is any doubt as to the motive the written consent of the patient should be obtained. Many of the social agencies now secure such consent routinely thereby eliminating the possibility of involving the hospital in difficulties.

It is in dealing with lawyers, insurance agents and the general public, that the greatest care must be exercised. Representatives of reputable law firms do not resent being asked to show their credentials when they ask for permission to examine the records of a client. However, in dealing with any lawyer it is well to scrutinize his motive. He may contemplate suit against the hospital for one reason or another, and there is no logical reason why the hospital should allow the records which are its property to be used to build up his case. In other words, the hospital should not punch its own nose.

Safeguard the Patient

Most life insurance policies carry blanket permissions giving agents of the company the authority to examine the medical records of the insured or to consult with any doctor who has treated the insured either prior to or after the issuance of the policy. Such blanket permissions usually absolve the doctor or hospital of any blame for giving out such information. Representatives of the general public sometimes attempt to secure information about patients to be used eventually to the detriment of the latter. Those responsible for giving out information will have to exercise judgment in seeing to it that information is not given out that may in any way reflect on the character or reputation of the patient or may be prejudicial to his interests in any way.

They must also avoid offending those to whom they may not give information because failure in this respect may injure the standing of the hospital in the eyes of the individual who makes the inquiry and he in turn may prejudice his friends against the institution. The hospital which divulges information to the groups mentioned in this paragraph only with the written and properly witnessed permission of the patient will rarely

find itself facing difficulties from this source.

Newspapers frequently ask for information about patients and every effort should be made to cooperate with them as far as possible. Here again nothing should be divulged that will in any way reflect unfavorably upon the patient. In many instances it is wise to have such matters referred to the administrator of the hospital.

3. Sterilization

In making rounds of the various divisions of the hospital, one occasionally hears a complaint from the supervisor of a surgical or obstetric floor that sterile supplies come back to her almost dripping wet. From the one responsible for sterilizing dressings the complaint may come that the various indicators used do not perform as they should. These complaints mean one or both of two things. Either the sterilizing equipment is out of order or the sterilizing technique is faulty. In about nine cases out of ten the trouble is with the technique employed.

Most of us are taught that certain temperatures are necessary to kill the various spores which are the most resistant to all the organisms that we have to deal with. We think we know that a certain steam pressure maintained in a sterilizer for a given period means that a certain temperature has been maintained for this period and that everything in the sterilizing chamber accordingly has been exposed to this temperature throughout the period and that sterilization has been accomplished.

This assumption is not always correct. We fail to take into consideration the character, size, and arrangement of the load in the chamber. We do not properly stress the fact that different loads require different exposures. We pay too little attention to the proper elimination of air from the chamber with the result that the temperature maintained is lower than the steam pressure would lead us to believe. We give too little thought to the peculiarities in the behavior of steam. We fail to recognize the symptoms of faulty performance of the equipment.

We have no right to gamble with such an important procedure. It is not difficult to learn to operate steam sterilizers properly and there is seldom any excuse for failures in this procedure. There are excellent textbooks on the market from which proper methods may be learned with a little application and study. Everyone in a hospital who has to do with or may have to do with the sterilization process should be taught how to operate sterilizers efficiently.

It is the duty of every hospital administrator

to see to it that his institution is equipped with proper sterilizing equipment and that this equipment is inspected and serviced as often as the need arises. Furthermore, it is his duty to see to it that the people who are operating sterilizers are competent to do so because improper sterilization may cause surgeons, obstetricians and others to take unnecessary risks with their patients. It is sometimes surprising to learn how little some people who are doing the sterilizing know about the process. Every hospital administrator should investigate from time to time to find out whether those who are responsible for this procedure in his institution are actually sterilizing or whether they are just going through the motions.

4. Per Capita Costs

Here is a board member with the annual report of a neighboring hospital in his hand. He says that he has been reading this report carefully and finds that the per capita cost is one dollar per day less than the figure shown for his hospital. Wouldn't it be a splendid idea to get similar costs for a number of hospitals in the vicinity and set up a comparison which might be the means of stimulating greater interest in operating his hospital for less money?

This isn't the time for the hospital administrator to draw a deep sigh reflecting a mild degree of boredom at having the familiar old specter raised, it is the time to go to work on an influential board member who is asking to be converted to the cause of uniform accounting.

He begins by explaining that the comparison asked for is extremely difficult to make for the simple reason that the accountants of the various hospitals do not speak the same language. It may be costing more to operate the hospital with the lower per capita cost figure than it does to operate the one with the higher figure. The first one may present a true cost figure from an operating standpoint but the second one may be including capital expense in its computations.

As the comparison is extended, it may be discovered that a third hospital is including depreciation on buildings and equipment as a legitimate item in figuring per capita cost. A fourth may regard infant days of treatment as the equivalent of adult days whereas a fifth may accord the infant day only one-fourth of the value or weight assigned to the adult day. A sixth may include nonoperating expense in its per capita cost figures, thus charging such items as the cost of merchandise which is sold over the counter of its pharmacy to the general public against the expense of caring for patients.

These examples of lack of uniformity in hospital accounting methods might be multiplied almost indefinitely, but such citations serve only to emphasize one point and that is that the accounting methods of hospitals vary so widely that the figures which they report as per capita costs are not comparable unless they are laboriously reduced to the same terms.

He further explains that the American Hospital Association has recognized these difficulties and through its manual on Accounting and Statistics has paved the way for uniform accounting in hospitals. This does not mean that the national organization has originated a plan that will make hospital accounting exactly alike in all hospitals regardless of the variation in the accounting needs of different institutions. The details may differ as widely as may seem desirable to suit the needs of the various hospitals but provision has been made for classifying these details in such manner that they may be condensed with ease into categories that are exactly comparable as between any number of hospitals electing to follow the method.

Now if it can be shown that a large number of hospital officials are as interested in uniform accounting as this particular board member is, it must be admitted that another big step remains to be taken before uniform accounting becomes a useful reality. One hears many hospital administrators voice approval of the idea in general but they immediately raise the question as to where they are to secure competent help to install the system.

Uniformity the Aim

Obviously accountants will have to be trained in the methods suggested, and it will be necessary to establish careful supervision to see that they adhere to the idea of uniformity in every subscribing hospital. It would seem that the training and supervision of accountants is a job for the various state and regional associations to assume. A small group of experts could work out of the offices of these associations, helping the individual hospitals within their respective jurisdictions. This would leave to the national organization only the task of preserving uniformity of method among the state and regional associations.

The hospital administrator concludes his explanations to the board member at this point by saying that when the machinery that he has described has been set up and put to work it will be possible to compare the per capita costs of his institution with those of other institutions with some degree of confidence.

Why They Fell Out of Bed

(Continued from page 46)

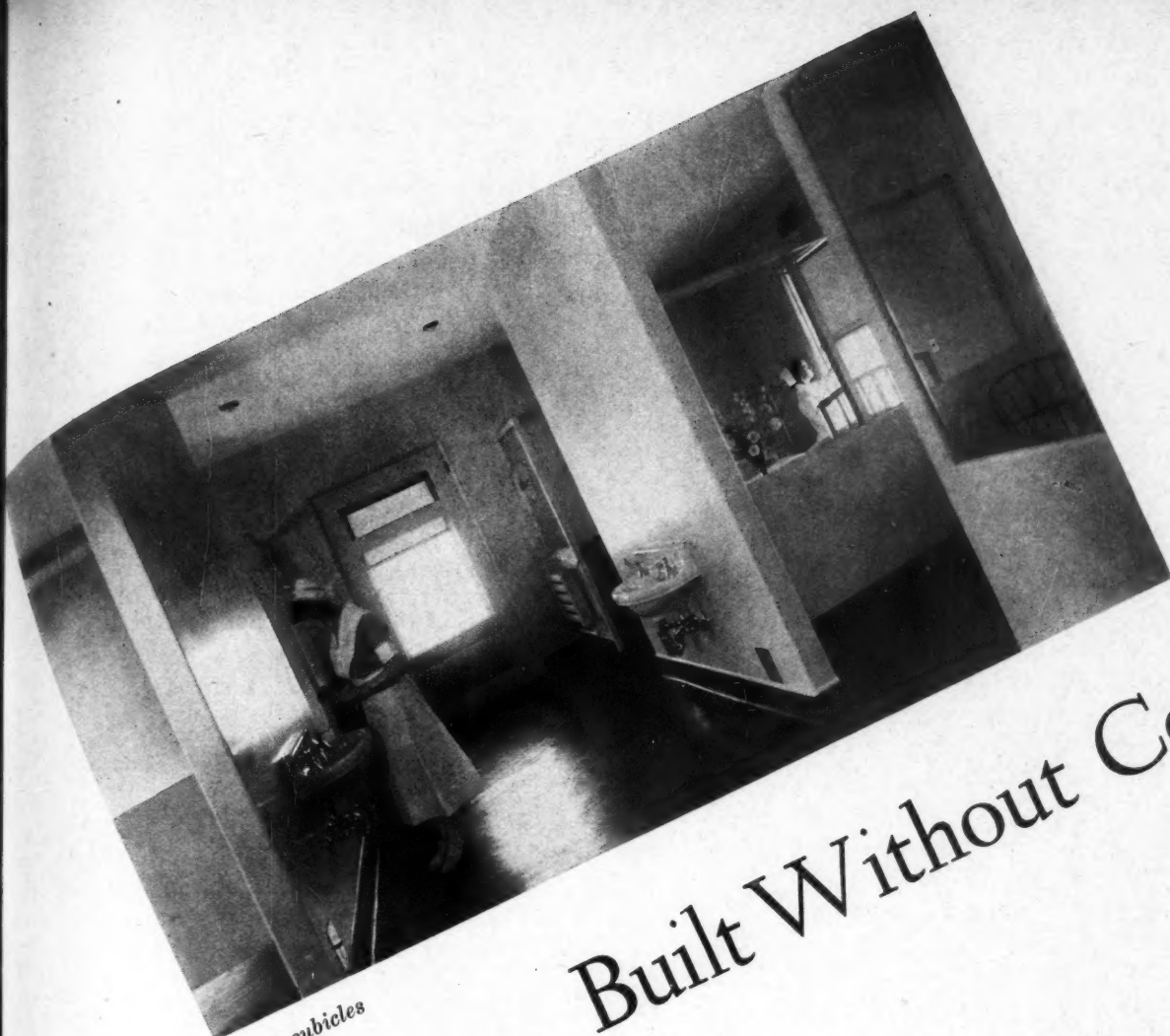
mentally deficient child from whom restraint had been removed and side rails lowered and who was left by the nurse in this condition while she went to get a clean gown. Another instance was a patient with a brain tumor whose side rails were omitted after he had been prepared to undergo operation.

Definite recommendations to lessen the incidence of patients "out of bed" in the future are difficult to make. It seems that in spite of all precautions a certain number of such incidents will occur. As has been said before, little can be done about the rational, oriented patient who deliberately disobeys orders and gets out of bed. It seems that the greatest attention should be paid to the group of disoriented patients who get out of bed and those who have got out in spite of precautions, such as side rails, which have been taken. In some hospitals certain beds are equipped with higher side rails. It is doubtful that this would be of any advantage in the group under consideration. They would simply climb over the higher side rails and would thus have farther to fall.

Ways to Meet the Problem

The following definite recommendations, however, can be made:

1. The beds of all mentally confused, restless, and irrational patients should be equipped with side rails of uniform height throughout their length.
2. A single side rail is inadequate even when the bed is against the wall.
3. A patient who has had side rails should never be left unless these are firmly in place.
4. Patients under anesthesia should not be left alone unless side rails are in place.
5. Disoriented or irrational patients whose beds are equipped with side rails should have additional restraint from 7 p.m. to 7 a.m. This will probably best be obtained by a band around the patient, under the armpits, with side straps to each side of the bed and a single anklet. This chest band should be loose enough and yet prevent the patient from turning over in bed. The side straps should be short enough to prevent the patient from sitting up or getting over the side. When anklets or wrist straps are used, a single anklet should never be used alone. One anklet and one wrist strap will probably be sufficient provided they are attached to opposite sides of the bed and the side straps are made as short as is possible.



Built Without Corners

THE treatment of contagious diseases at Fitchburg, Mass., has been revolutionized and simplified by the addition of a new unit to Burbank Hospital, an isolation building constructed to answer the most recent specifications for sanitation, sterilization and prevention of cross contamination.

The unit, in its completed form, was developed by James Purdon, Boston architect, from ideas advanced by Dr. Edwin R. Lewis, superintendent of the hospital, in conjunction with Dr. Henry M. Pollock, superintendent of Massachusetts Memorial Hospitals, Boston, and Dr. George F. Bigelow, late commissioner of the medical council of the Massachusetts department of public health division of communicable diseases.

In general principle the unit is planned in two distinct portions to handle the two local major contagious diseases of scarlet fever and diphtheria. To obviate any possibility of cross contamination, every device of a practical nature has been adopted in the finish and equipment of the structure. Floors are of concrete, top-coated with magnesite germproof composition, jointless and with rounded corners everywhere. Partitions are of gypsum, hard plastered and enamel painted,

doors of flush surface enameled steel, door and window frames of metal, with sash casings of round cornered flush pattern steel. Sashes are in single lights without muntins and rails are of rounded design.

Throughout the structure all spots that might harbor germs have been eliminated. Cabinets, lockers and the like are of steel built flush into the walls, and the polished metal interiors of all such are fashioned with rounded edges and corners throughout. Door knobs, insofar as possible, have been eliminated; wrist action devices, friction hinges and similar hygienic features being adopted instead.

Regulation push button electric light controls have been discarded for specially designed foot operating baseboard switches of flush pattern. Radiators are of high convection dustless steel type, hung from the walls. Lavatories are similarly supported. Electric lights are concealed in metal reflector switch controlled fixtures set flush in walls and ceilings. Every provision for cleanliness and sterility, so far as modern medical science has devised, has been incorporated in this structure.

Entering the building the visitor finds a plate



Supervisors' station, and the nurses' dressing and shower room

glass partition across the lobby past which no one is admitted except on proper authority. To the right is the admission room. From this room infected clothing is discharged down a

chute into a retainer in the basement whence it is removed to the laundry and returned sterile for storage in the patient's private locker in the discharge room on the left of the lobby. Doctors' and nurses' robing rooms are on the right and left, respectively, of the lobby, each with toilets, showers, lockers and garment chutes for the disposal of infected gowns. From the supervisor's control desk complete oversight of the entire floor area including every entrance is unobstructedly main-

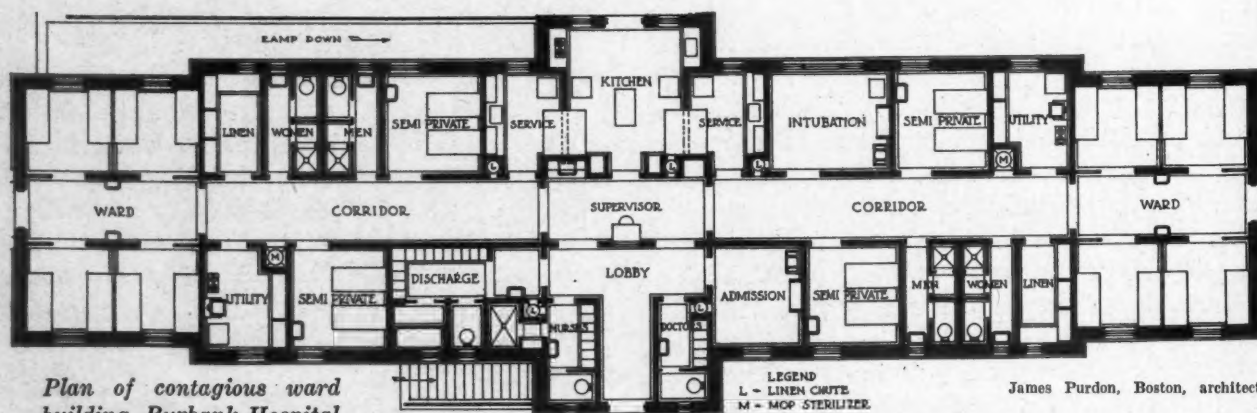
tained. Here are located the signal stations, telephones, record files and pharmaceutical equipment.

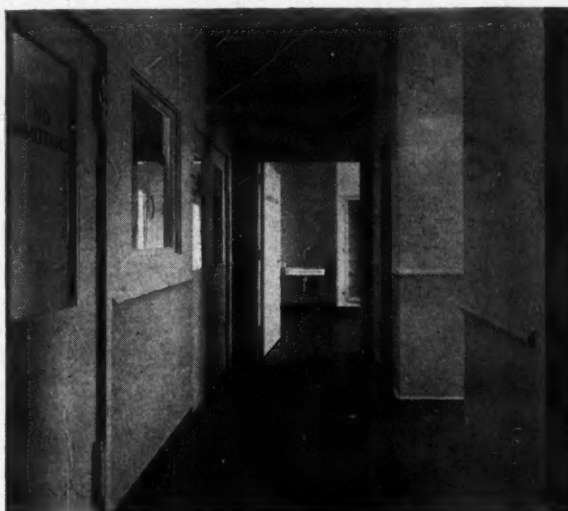
To the rear of the supervisor's station and entered only from it or from the outside is the kitchen, with polished steel counters, sink, stove, sterilizer, lockers, chute and refrigerator. It is flanked on each side, through counter height openings only, by serving rooms for the scarlet fever and diphtheria wards respectively. Each of these is fitted with identical steel counters, sinks, sterilizers, warmers, cupboards and other equipment, but each is wholly independent and interconnected at no point, so that all nurses serving the south section of the building are absolutely isolated from those serving the north section. All utility, linen, and toilet rooms are duplicated in identical form and equipment in these two general ward divisions, separated by two sets of swinging doors across the corridor either side of the supervisor's station.

In both divisions, on the east and west sides of the corridor are duplex private bedrooms with lavatories and lockers. At the end of the corridor north and of the corridor south are the general wards, divided into duplex cubicles with steel and plate glass partitions, each side with its own lavatory.

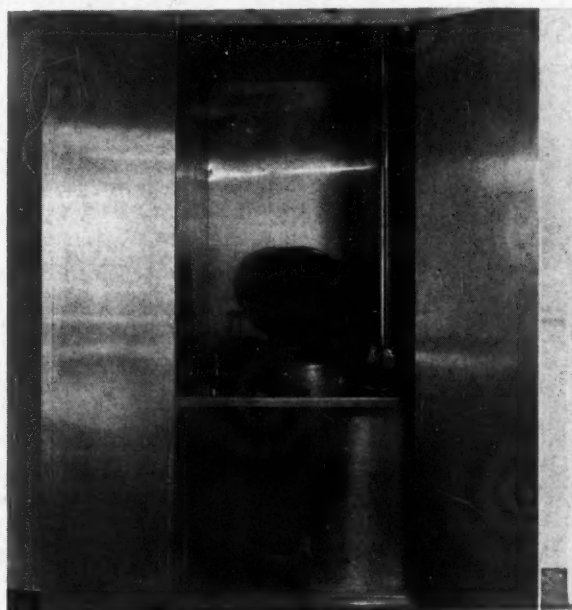
In the diphtheria section is the incubation room, with the customary operating table, instrument cabinet, sterilizing apparatus, surgeons' sink and similar equipment. An electrically controlled ventilating duct removes all fumes from the room. Similar apparatus ventilates all toilets and showers, as well as the mop sterilizing compartments, located in both the section corridors. These sterilizers of polished steel provide for the cleansing and storage of all mops used for the daily washing of floors.

At proper points in each corridor are flush wall chutes, leading to basement sealed retainers wherein is disposed contaminated linen for laundering. No hands touch this material until it





Entrance lobby and admission room



Mop sterilizer and storage cabinet

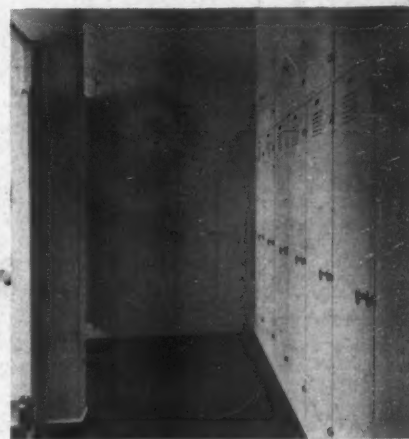
has been sterilized. The interiors of the chutes are provided with both water washing and steam sterilizing devices.

A discharge room for the release of recovered patients is on the left of the lobby, wherein provisions are furnished for the disposal by chute of patient's infected garments, for a final cleansing by bath of the patient's person and assumption of sterile clothing, and for the patient's departure without return to any part of the building.

In the basement, accessible only from the outside are detention and observation rooms for alcoholic and psychopathic patients, with nurse's station, toilet, storage and locker rooms, and a ward for venereal disease cases.

The building is heated by steam brought through underground mains from the hospital boiler plant, is insulated and is practically fireproof, with walls of brick, floors of concrete, partitions of tile, roof of slate and interior finish, doors and equipment of steel.

The maximum capacity of the unit is twenty-four beds on the main floor and twelve in the basement, though it is not the intention of the hospital to make use of the total accommodations at the present time. While all of the costs have not yet been assembled, it is thought that the total cost of the building will be in the neighborhood of \$100,000.



Patients' lockers

What Others Are Doing

Presto! Water Stand Becomes a Table

It is surprising sometimes what a tour of the cellar or storeroom will reveal. If in the cleaning out process one of those old water cooler stands is discovered, the kind that holds a bottle of spring water, it would be advisable to put it to one side and dust it off. Captain Harry H. Warfield, superintendent of St. John's Riverside Hospital, Yonkers, N. Y., has found that at little trouble or expense it can be transformed into a useful corner table, provided that someone is available who has the slightest ability at carpentry. A top made of composition board can be affixed to the stand. A lower shelf should also be inserted for appearance's sake. That is all, except to give it a coat of paint, say black with yellow stripings or any other color combinations which may seem more appropriate.

Brokaw's Jelly Closet Is Service Project

When it's jelly time the patients of Brokaw Hospital, Normal, Ill., are not forgotten. The Brokaw Service League, a women's auxiliary, sees to that. Each year it distributes through church groups some 5,000 tiny individual jars which are filled and returned with the name of the donor and her church affiliation appearing on a neatly affixed paper label. As they come in the jars are stacked in a closet which is quite one of the show places of the hospital. There is never a dearth of just the right amount of jelly for just the right occasion, and the housewives in the hospital auxiliary take much delight in having a share in maintaining the institution's preserve closet.

Novelty Doorman Is the Perfect Servant

A novel but useful "doorman" has been employed by Henry Ford Hospital, Detroit. He is on duty twenty-four hours a day, never tires, is punctual, silent and never asks for a raise. He consists of two "electric eyes," one on each side of the main entrance, which open and close the front doors of the hospital automatically as people

walk through the rays crossing the approach to the doors.

On one side is a light. This is focused on a photo-sensitive cell on the other side of the pathway. When a person intercepts this light his shadow activates a relay which in turn turns on compressed air to force open the door closer. When the door is fully open it trips another mechanism which allows the compressed air to escape. The door closer then acts in the customary way.

The novelty of the idea has caused much favorable comment in Detroit. The hospital has found that this automatic service is especially appreciated by mothers with small children, by invalids and by persons loaded with baggage.

Hospital Offers Free Service to Future Quintuplets

Quintuplets, mother and babies, will be cared for free of charge by the Montrose Avenue Hospital, Chicago. This is the only exception to its obstetric flat rates made public recently. On a card, which was sent to all of its doctors, are printed the new flat rates which the hospital offers. The range is from \$22 for three days in a seven-bed ward to \$79 for ten days in the more expensive private room. These rates are for normal, uncomplicated cases and include board and room, delivery room, nursery, laboratory, circumcision, anesthesia, floor nursing, blood pressure, history, dressings, medicine, and all other routine hospital care. It also includes prenatal urine examinations if desired. These fees must be paid in advance of admittance.

A Statistical Picture Day by Day

Every administrator acknowledges the necessity of obtaining prompt and illuminative reports on the activities of his hospital. Only if he is fully

informed can he make decisions promptly and wisely. Statistics, like fish, don't keep. Their value is in inverse proportion to their age.

To obtain a prompt and comprehensive picture of the most significant statistics about his hospital each day, Dr. A. O. Fonkalsrud, administrator, Mansfield General Hospital, Mansfield, Ohio, has devised a daily superintendent's report. This shows him at a glance the total number of patients in the house at the time of the previous census, the admissions, trans-

SUPERINTENDENT'S REPORT									
PERIOD ENDING 12 MIDNIGHT, August 7, 1935									
NURSING UNITS	1ST FLOOR	2ND FLOOR	NURSE	TOTAL					
TOTAL PATIENTS LAST REPORT	35	37	17	97					
PATIENTS ADMITTED	5	5	2	12					
ADMITTED BY TRANSFER	1			1					
PATIENTS DIED									
DISCHARGED BY TRANSFER			1	1					
OTHER DISCHARGES	5	1	1	7					
TOTAL REMAINING 12 M.	35	39	17	100					
IN AND OUT	1			1					
TOTAL DAY SERVICE	35	39	17	101					
RATE OF INCOME	2.75	4.00	5.00	3.75					
FIRST FLOOR	1	35	6	2	44	188.75			
SECOND FLOOR	6	11	2	4	23	132.00			
PRIVATE PAYROLL	1		8	5	12	97.50			
TOTAL	1	33	14	8	54	418.25			
SURGEY						35.20			
SPEC. NURSE BOARD						5.15			
DELIVERY ROOM						18.00			
LABORATORY						33.50			
X-RAY						96.50			
BOARD AND SUPPLIES						32.00			
PH. AND TELEPHONE						20.50			
TOTAL						395.50			
GROSS EARNINGS	721.99				TOT. GROSS EARN. FOR MONTH	6,799.31			
GROSS BAL.	8,556.85				TOT. DEPOSIT FOR MONTH	1,609.57			
DEPOSITS	2,159.31				GROSS DATE LAST MONTH	2,730.69			
TOTAL	10,716.16				GROSS FROM PATIENTS TO DATE	3,889.37			
OUTSTANDING	1,596.92				GROSS DATE LAST MONTH	1,352.98			
BALANCE	8,651.87				OTHER INCOME THIS MONTH	176.85			
CASH ON HAND	1,071.85				GROSS DATE LAST MONTH	799.70			
MANUSCRIPT GENERAL HOSPITAL									

fers, discharges, those remaining and the total day's service.

Furthermore the patients are broken down into groups according to the location of their accommodations and the price of these accommodations. The figures are totaled to give the day's gross earnings from board and room. To this are added the earnings from special services giving the grand total of earned income for the day. Furthermore the gross earnings for the month to date are totaled and the collections for the month to date and these figures compared with the same figures for the previous month.

As may be seen from the illustration all of this essential information is compiled on a compact little sheet which is placed on the superintendent's desk by three o'clock each day.

Probably you can think of one or more practical ways to save time or increase efficiency. The Modern Hospital will welcome your ideas to put before other hospitals

What Antiseptic Shall We Use?

By SIGNE PEARSON, R.N. and JOHN URNER, M.D.

Department of Obstetrics, Minneapolis General Hospital, Minneapolis

THE last few years have shown little progress in the surgical preparation of the patient for delivery. Because of dissatisfaction in the use of iodine, on the part of the obstetric staff at the Minneapolis General Hospital, Minneapolis, it was decided to make a study comparing two newer disinfectants with iodine.

This study was in progress for two years dur-

ing which time five methods of application were studied and three different solutions used. Cultures were taken in each recorded instance using fifty patients for each of the five studies, making a total of 250 cultures.

The patient was prepared in the usual manner and cultures were taken from the anterior fourchet and both groins as these areas are the hard-

TABLE I—ANSWERS OBTAINED FROM QUESTIONNAIRES

No. of Hospitals	Solution and Amount	Instillation During Delivery	Cost Figured	Checked by Culture	Remarks
1	Tr. merthiolate 1-1000—2 oz.	No	\$0.16	Yes Cultures Negative	Episiotomies sprayed with Scott's solution three times daily. (Scott's-mercurochrome, alcohol and acetone.)
1	Iodine 2% plus Alcohol 70% Sterile gloves plus 16 cotton pledgets	None	\$0.09 plus 16 cotton pledgets	No	Morbidity 5% for 1935.
1	8 oz. Tr. green soap 6 oz. $\frac{1}{2}$ % lysol sol. 5% mercurochrome	$\frac{1}{2}$ oz. 5% Mercurochrome	No	No	
1	2% acetone-alcohol mercurochrome	Dettol 2% in glycerine 15 cc.	No	No	Dettol 2% in glycerine 15 cc. used every 6 hours as long as patient is in labor.
1	Green soap plus 4% acetone mercurochrome	No	No	No	
1	10 oz. lysol $\frac{3}{4}$ % Bichloride 1-1500 Green soap solution		No	No	2 drams {acriflavine 5 iodine 2 glycerine 500 Instilled after every vaginal examination.
1	Tr. merthiolate 1-2000— $1\frac{1}{2}$ oz.	Merthiolate 1-2000— $\frac{1}{2}$ oz.	No	No	Changed from alcohol and iodine.
1	Green soap 2 oz. Merthiolate 1-1000 2 oz.		No	No	Episiotomies sprayed with Tr. merthiolate after repair and after every irrigation on postpartum floor.
1	1 qt. bichloride 1-1000 400 cc. sterile green soap	Flush vagina with bichloride 1 pint	No	No	
1	2 oz. green soap and water	2 oz. green soap	No	No	
1	Metaphen 1-2000 1 oz. followed by 65% alcohol	Metaphen and alcohol	No	No	Changed from iodine to metaphen after iodine caused burn.
1	1% lysol solution $3\frac{1}{2}$ % iodine plus sponges		No	No	
1	Bichloride 1-2000 5% neutral acriflavine in 10% acetone plus 50% ethyl alcohol		Acriflavine $3\frac{1}{2}$ per instillation	No	1% acriflavine in glycerine instilled into vagina before vaginal examination every 6 hours during prolonged labor.

est to disinfect. The bacteria present in positive cultures were mostly staphylococci and streptococci.

Since we were anxious to learn what experiments other hospitals were doing along this line, questionnaires were sent to twenty leading United States hospitals. Table I gives the answers obtained from the hospitals that replied. It was of particular interest to note the complete lack of similarity in methods of application.

Types of Preparations Used

1. *Iodine and Sponge Method.* It was necessary to have a special basin with ten sponges for each patient into which the iodine and alcohol were measured before starting the preparation. The time consumed in this preparation often made it impossible to prepare emergency deliveries.

The findings of this type of preparation were:

Average time 3 minutes

Materials used—

sponges 10

iodine 3 ounces

Number of positive cultures.. 42

Number of negative cultures. 8

2. *Iodine and Electric Sprayer.* This method required less time than the one mentioned above, but the sprayer was so noisy that the mental effect on the patient was undesirable and the materials used in construction of the sprayer were such that corrosion made it difficult to keep it in working order.

The findings of this type of preparation were:

Average time 1.9 minutes

Amount iodine 1.4 ounces

Number of positive cultures.. 45

Number of negative cultures. 5

3. *Combined Iodine, Sponge and Electric Sprayer.* Holding the sprayer in one hand and a forceps with a sponge in the other hand, it was hoped the use of friction would give better results.

The findings in this method were:

Average time 2.7 minutes

Materials used—

sponges 3

iodine 1.2 ounces

Number of positive cultures.. 41

Number of negative cultures. 9

In conjunction with the iodine methods, mercurochrome was instilled for repair of laceration or episiotomy.

Although the iodine was removed with 3 per cent sodium thiosulphate in 70 per cent alcohol after delivery, there was always danger of a burn if the solution remained on the skin over long periods of time.

TABLE II—SUMMARY OF STUDY DONE AT MINNEAPOLIS GENERAL HOSPITAL

	Old Sponge Method	Iodine Sprayer	Com- bined	Merthio- late 1-1000	Meta- phen 1-200
Average Time	3 min.	1.9 min.	2.7 min.	2 min.	1.9 min.
Am't Used Sponges	10		2	1	1
Solution	3 oz.	1.4 oz.	1.2 oz.	1½ oz.	1½ oz.
Positive Cultures	42	45	41	6 (3 very few)	9
Negative Cultures	8	5	9	44	41
Cost per preparation without repair	\$0.03+ 10 sponges	\$0.022	\$0.024+ 2 sponges	\$0.117+ 1 sponge	\$0.173+ 1 sponge
Cost of preparation with repair	\$0.141+ 10 sponges	\$0.118	\$0.135	\$0.156+ 1 sponge	\$0.231 + 1 sponge

4. *Merthiolate.* Samples of merthiolate 1-1000 were furnished us by Eli Lilly & Company for this experiment. Merthiolate contains 1 gram mono-ethenal-amine, used for a stabilizer, eosin, used for color, 50 cc. alcohol, 1.1 gram merthiolate, 10 cc. acetone, 40 cc. water.

With this antiseptic a glass sprayer with tar-nishproof pipets was used as shown in the illustration. This sprayer was operated by compressed air. We found considerable economy in substitut-



Method of applying the antiseptic.

ing commercial oxygen which we are now using. One hundred fifty patients can be prepared with one large tank of oxygen.

There has been some debate as to the possible danger of using compressed oxygen with these solutions. With very high pressure, 50 pounds or over, there is perhaps a possibility of explosion. However, it is not necessary to have the pressure

above 15 pounds, and during its constant use for over a year we have found it entirely safe to handle.

The findings from using merthiolate were:

Average time 2 minutes

Materials used—

sponge 1

solution 1½ ounces

Number of positive cultures.. 6 (3 of which showed very few organisms.)

Number of negative cultures. 44

Only one sponge is needed and that is used for the separation of the labia. With this method patients are prepared much more rapidly and as a result a patient rarely delivers without a complete preparation.

Merthiolate has a clean appearance and dries almost instantly on the skin, giving an even pink color. It comes off easily in bathing and the skin regains its normal appearance in about four days. Because of the effectiveness of this antiseptic, it is now used for vaginal instillation for perineal repairs, and only one-half ounce is necessary as compared to the former two ounces of other solutions.

5. *Metaphen*. The Abbott Laboratories of Chicago contributed samples of metaphen 1-200. This drug contains metaphen, 5 grams, alcohol, 50 cc., acetone, 10 cc. and water, 40 cc. The spray method was used in applying this solution.

Findings from the use of this antiseptic were:

Average time 1.9 minutes

Materials used—

sponge 1

solution 1½ ounces

Number of positive cultures.. 9

Number of negative cultures. 41

The costs of the drugs mentioned are:

3 per cent sodium

thiosulphate solution\$ 0.50 per gal.

Iodine80 “

Merthiolate 1-1000 10.00 “

Mercurochrome 7.00 “

Metaphen 1-200 14.75 “

The cost of iodine preparation, including five ounces of sodium thiosulphate solution for its removal and two ounces mercurochrome for vaginal instillation is 14 cents per patient. The cost of merthiolate 1-1000 preparation is 11.7 cents per patient if no repair is done. With repair the cost is 15.6 cents because of the amount of solution used for vaginal instillation. This method eliminates the use of eight sponges. The cost of metaphen 1-200 preparation is 17.3 cents per patient if no repair is done and 23.1 cents including repair. The cost of oxygen used to operate the sprayer is two cents per patient. This figure is not included in the costs mentioned.

Conclusions

1. The use of the spray method of preparing patients for delivery saves a great deal of time and material resulting in greater economy.

2. Cultures taken from our patients demonstrate a somewhat better germicidal action on the part of merthiolate when compared with other solutions we have used.

3. Records kept of the general course of the puerperium, noting temperature, pulse and the condition of the perineum show little or no difference as far as the use of these solutions is concerned. It must be remembered, however, that only enough patients have been tested to estimate the antiseptic value of the solutions.

Do You Circulate Your Periodicals?

Do you get the most out of your hospital journals? Do the various articles reach the notice of those to whom they would be of most value? Or does the magazine merely go to the superintendent's desk and thence, after varying degrees of study, to the office bookcase in which it may lie unmolested for years?

Many fine articles on dietetics, the laundry, purchasing and other special subjects appear month after month, articles which bear directly upon the problems perplexing the nursing and service personnel, and the staff ought to read them.

Some hospitals meet this situation by a definite arrangement for magazine circulation. In turn the superintendent, the director of nursing and the heads of the departments receive the journal. Each retains it for one, two or three days only—and this rule is followed. If certain articles of interest to the board appear, they are marked and the journal loaned to the chairman of the board or the presi-

dent of the medical staff, with instructions to read them.

Old copies are often left on the table in the supervisors' lounge for a few months before being filed. True, the covers may get frayed a bit, but the results warrant the risk of disfigurement. Many hospitals take several copies of their favorite journals to expedite this circulation; certainly the slight expense is more than compensated by the greater efficiency of the entire hospital organization.—G. Harvey Agnew, M.D., Department of Hospital Service, Canadian Medical Association.

Observation as a Habit

Among the attributes possessed by the successful hospital administrator one generally finds a keen sense of observation. We believe, however, that in most instances this is not native ability so much as a habit acquired from years of thoughtful study, concentration, and experience.

Someone Has Asked—

Should a Surgeon Be Assisted by a Graduate Physician?

In large urban hospitals such a question would be unlikely to arise, yet it constitutes a real problem in smaller institutions. It is the custom among some surgeons to permit graduate nurses to act as first assistants at major operations. It cannot be denied that in some instances a great deal of skill is displayed by these persons. Yet it is wholly possible that, due to some unforeseen occurrence such as sudden illness on the part of the operator, the patient's life might be put in jeopardy if a well trained surgical assistant were not at hand to complete the operation.

The training of a nurse, no matter how much practical experience she has had, does not fit her to exercise the same sort of judgment as is possible when a physician acts as assistant. It is the opinion of The MODERN HOSPITAL that no surgeon should be permitted to perform a major operation without the assistance of a graduate physician.

Should Interns Furnish Blood for Transfusions?

This subject has been discussed in these columns on other occasions, but further requests lead to a repetition of its presentation. The economic life of the average hospital intern is a precarious one. Donors usually receive from fifteen to twenty-five dollars for 500 c.c. of blood or less.

It is much easier for the intern to manufacture blood than it is to secure funds. As a general thing, the frequent use of interns as donors is not to be recommended. It is perfectly natural for one intern to notify another that blood is likely to be required for a patient under his care. Such an arrangement between the intern assigned to the case and his colleague acting as a donor is likely to give rise to an unhealthy situation. Some interns may serve as donors too frequently and thus impair their health.

Transfusions may be urged upon a chief by an intern who desires to secure the place of the donor for his colleague. It has even been suspected that the funds thus secured have been

divided between the two interns. Such a situation almost deserves the name of a racket. The medical executive of a hospital, therefore, should forbid members of the intern staff acting as donors without his permission. He will thus gain control of the situation and will prevent abuse. At times an intern possessing a known type of blood which is slightly unusual may serve as a donor on short notice and a life may be saved by prompt action. As a general thing, it is better to secure donors from outside the hospital, allowing the intern to serve only in the case of an emergency.

What Constitutes Normal Obstetrics?

The courtesy obstetric staff is perhaps the most difficult to handle of all staff groups. Most hospitals with maternity departments have such a classification. This group is subdivided into those who are capable of performing all types of obstetric manipulations and operations, and those who represent the general practitioner class whose practice within the hospital is limited to so-called normal obstetrics. This group is usually permitted to care for patients with no obstetric complications, to repair lacerations of minor extent, and to employ low forceps in the delivery of their patients.

The hospital that is fair to its patients will not permit any but a trained obstetrician to perform versions or Cesarean sections or to apply high forceps. In institutions where these rules are strictly enforced, the maternal and infant mortality rates remain at a low level. In others, where no restriction is placed upon the practice of obstetrics by courtesy staff members, morbidity if not mortality rates rise.

A resident medical officer should be given the authority to enforce these rules. It is not considered wise to require a delivery room nurse to enforce rules affecting a physician working in her department unless it be

regulations concerning her work more particularly as a supervisor. In hospitals where regulations of this type have been worked out it is also usual for a courtesy staff member to request the advice of a staff obstetrician whenever his patient has been in labor without progress for eighteen hours. These consultations are usually rendered free unless the patient is able to pay for them. Regulations cannot be too stringent which so directly affect the welfare, even the lives, of mothers and infants as do these suggested above.

Is a Central Solution Room Economical and Efficient?

In many hospitals the preparation of distilled water, normal salt solution, sodium citrate solution and in some instances novocain solution is performed in the surgical operating suite. This work assumes major proportions when the hospital exceeds 150 beds.

In one 350-bed hospital, the day's work consisted of preparing thirty-two liters of distilled water and dispensing two liters of sodium citrate solution and eight liters of normal salt solution. Such a volume of work detracts much from the time which may be allotted to the preparation for and the performance of surgical operations. The fact that this work is required of the operating room nurse and her staff is simply the perpetuation of a bad administrative procedure.

Many hospitals have organized their own solution room which is a part of their central preparation and sterilization suite. Here a still of sufficient capacity prepares distilled water for use in the whole hospital. From this department are dispensed solutions of all sorts as well as gauze properly prepared and sterilized for use. The department requires a trained personnel, but it is a necessary and economical addition to the hospital organization.

Some institutions are preparing and sterilizing their own glucose solutions here, much to the advantage of the hospital's purse. A central solution and gauze sterilizing room is a proper addition to the average hospital set-up. Probably in institutions exceeding 200 beds such an arrangement would always be found most efficient.

If you have any questions to ask, the Editors will be glad to discuss them in a forthcoming issue

One Result of Clinic Cooperation

By ALEXANDER ROPCHAN

Executive Secretary, Health Division,
Chicago Council of Social Agencies

WHAT information should the admitting officer have concerning patients who apply for care in the out-patient department? Is it possible for all departments to agree on certain minimum items of information?

In the belief that such minimum items can be agreed upon, a group of admitting officers of Chicago clinics working through the clinic section of the health division of the Chicago Council of Social Agencies has prepared the uniform face sheet form shown herewith. Each clinic is, of course, at liberty to add any items in which it is interested.

Furthermore the admitting officers adopted uniform definitions of terms appearing on the face sheet so that their data might be more nearly comparable. The definitions, aside from those which are obvious, are as follows:

5. Racial stock: state descent. The main categories listed in the Fifteenth U. S. Census are: English, Germanic, Scandinavian, Latin and Greek, Slavic, Lettish and Other.

8. Birthplace: country of birth (optional whether state, and city or town are recorded); 9. Names of parents, husband or wife: first names (if deceased, so indicate); 10. Address: of patient (note changes of address); phone number: of patient or nearest phone where patient can be reached; floor: show what floor and whether front or rear; rooms: show number of rooms occupied by family.

11. Referred by: if referred by private physician

or social agency, state name of private physician or social agency. In other cases, state whether referred by public health nurse or by others (brother, parish priest). Relationship should be indicated where this applies.

12. Present complaint: patient's statements of his trouble, duration of symptoms.

13. Previous medical care: state by whom treated and when. It is suggested that the admitting officer find out at this point whether there is a family doctor or if other members of family are under care of a doctor or registered at a clinic.

14. Nearest relative, address, phone: state name, address, phone and relationship of nearest relative (preferably residing in Chicago). If no relative, get the name and address of a friend.

FACE SHEET FORM

Date _____

1. Patient's Name _____ 2. Sex M. F. 3. Birth Date _____
4. Clinic No. _____ 5. Race _____ 6. Marital State S. M. W. D. Sep. 7. Religion _____
8. Birthplace _____ 9. Name of Parents, Husband or Wife _____
10. Address _____ Phone _____ Floor _____ Rooms _____
11. Referred by _____ 12. Present Complaint _____
13. Previous Medical Care _____
14. Nearest Relative _____ Address _____ Phone _____

15. Kin _____ Members of Household _____ Clinic No. (if registered) _____ Year of Birth _____

16. Wage Earners _____ Occupation _____ Name, Address, Phone of Employer _____ Present Monthly Wage \$ _____

Total Wage Income \$ _____

ASSETS

17. Property \$ _____ 23. Compensation, Benefits _____
18. Insurance \$ _____ 24. Pensions _____
19. Savings \$ _____ 25. Supplementary Income _____
20. Car \$ _____ 26. Assistance from _____
27. Total Income \$ _____

LIABILITIES

21. Mortgage \$ _____ 28. Rent _____
22. Debts \$ _____ 29. Taxes _____
35. Interested Agencies _____ 30. Payments on Debts _____
_____ 31. Union Dues _____
_____ 32. Contribution to Dependents _____
_____ 33. Insurance Premiums _____
_____ 34. Total Special Expense \$ _____
_____ 36. Remarks _____

37. Classification _____ 38. Interviewer _____
39. Dates of Re-Interview _____

15. Members of household, kin: state relationship of members of household to patient. Symbols may be used, for example, M. for mother. List name of every person in home, including patient. Include those temporarily out of home but dependent upon family.

16. Wage earners: list first name of each wage earner in family. Indicate type of work being done at present time — clerical, stenographic, factory. Indicate actual weekly wage being received. If employed part time, indicate, in space before "weekly wage" column, the number of days per week employed. Estimate the yearly wage income. Where employment is irregular, take into account periods of employment and partial employment. Indicate length of time employed at present employment and whether employment is seasonal or regular.

17. Property: show estimated present value and brief description of property.

18. Insurance: show amount of policy carried and type of insurance.

20. Car: show estimated value of car. Take into consideration kind of car, model, when purchased, purchase price and whether car is used for pleasure or work.

23. Compensation, benefits: show amount received under workmen's compensation act, U. S. Compensation Act or in sickness benefits from other sources.

24. Pensions: include income from mothers' aid, blind pension, and pensions for old age and disability.

25. Supplementary income: show income from rent, boarders and roomers or other supplementary sources.

26. Assistance from: show assistance from relatives or friends. If assistance is being given by relief agency, indicate name of agency.

35. Interested agencies: space can be used to list agencies interested in family or can be used to indicate whether clinic registered or cleared with social service exchange.

37. Classification: free, pay, part-pay or other classifications.

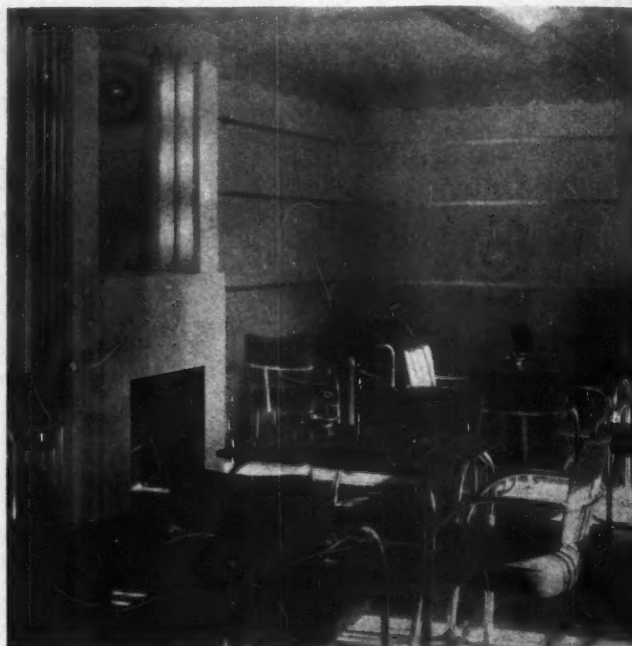
This uniform face sheet was presented to the clinic section in January, 1936, with the recommendation that clinics experiment with it for a three-months' trial period. At the end of this period the clinic section adopted the list of items shown on the face sheet as representing the minimum which should be included for face sheet information.

Most of the clinics in Chicago, which are members of the clinic section, are using the minimum list of face sheet items and definitions or modifications of them.

Oasis for Medical Staff

DOCTORS at Mount Sinai Hospital, Chicago, now have a cheerful and attractive room in which to gather at mealtimes, for November first saw the opening of their new grill.

The room, formerly the employees' cafeteria, has been entirely remodeled and has a modern air and a cheerful atmosphere. Blue and rose are the colors used, the chairs and benches, of the steel tubing variety, being upholstered in royal blue leatherette. Window draperies are rose, of an oil-



A fireplace in a modern setting is a pleasing feature of the new doctors' grill at Mount Sinai Hospital.

cloth fabric, to harmonize with the walls, which are painted in three shades of rose, set off by two-inch bands of wood silvered by the use of aluminum paint. These bands run around the room horizontally. The Venetian blinds are silver with royal blue tapes, and the window woodwork is also in silver.

Across the green tinted ceiling run cleverly concealed lights and similar lights surround the large mirror placed over the fireplace.

In addition to being a pleasant place for the doctors to stop for a bite and a chat, the room is used as a staff conference room and also for departmental dinners.

Members of the hospital staff, with some guidance from the architect, were entirely responsible for the remodeling of this room, the carpenter, the painters and housekeeping staff all lending eager assistance to create a delightful oasis for their busy medical staff.

The room seats 28 persons and the menus are similar to those served in the nurses' dining room.

Who's Out of Step?

By JOSEPH G. NORBY

Superintendent, Fairview Hospital, Minneapolis.

Hospitals, originally the product of religious fervor, have in recent years experienced withdrawal of support and decreasing interest on the part of their fostering agency. The relationship that should exist between the church and the hospital is here analyzed and suggestions are offered for meeting the difficult situation

CHURCH related hospitals, in common with all other hospitals, have suffered severely during the past seven or eight years. The church was formerly a source of gifts and benevolences and the complete or partial withdrawal of the church from this important activity indicates a rather serious change in its attitude. The effect of this condition ramifies into the life of the church and affects the existence of a great many splendid institutions.

Hospitals have always been one of the chief benevolent agencies of the church. In their origin and conception they are institutions of the church as are schools, orphanages, sunset homes and missions. They are vehicles for the expression of Christian principles, the outlet whereby Christians demonstrate the genuineness of their faith. The condition therefore warrants careful scrutiny.

The Christian church has from the earliest time been engaged in caring for the unfortunate. Christ was Himself the Great Healer and St. Luke was a physician. Most of the recorded miracles had to do with healing and the center and core of the teaching of Christ was predicated upon the principles of unselfishness and man's responsibility for his brother. Love God above all things and thy neighbor as thyself are com-

mandments. So the poor were cared for, the orphans housed, the lepers healed, the aged comforted. From the simple society of the early Christian period the church has continued, applying these same principles to a more complex and more highly organized society but always with the same principle and purpose in mind.

Christians must find means of giving expression to their faith through activities involving work, sacrifice and the expenditure of intelligent energy. When this urge lags, the power of the church wanes. The church in its ascendancy is a crusading church, setting up its frontiers in missions, hospitals and schools. When the church is decadent, its members lose this vision and become indifferent to good works and responsibility for others. The history of the church gives ample evidence that its vigor depends upon the active consecration of its members and that the periods of its greatest usefulness have been marked by the greatest development of its institutions.

The church has almost continuously been a leader in stimulating human progress toward social betterment. In every instance it has preceded the state in establishing agencies for ameliorating human suffering and advancing human knowledge. Through its philosophy of brotherhood it became the nucleus of this development and in due season as people became more enlightened, the state undertook similar obligations and thus supplemented and carried forward the efforts of the church.

Interest Slackens

Especially in America, we find the church as an organization building hospitals and supporting them. As the state has become more active in the fields formerly cultivated by the church, however, there has appeared a slackening of interest in these activities on the part of the church. This fact is noticeable in all the major endeavors that have been referred to and is serious because of its possible effect on the church as well as on the agencies themselves.

Hospitals which were originally the product of

religious fervor and benevolent zeal have in recent years experienced withdrawal of support and decreasing interest on the part of the fostering agency. This condition has led many of those who are concerned with the management of church hospitals to inquire into the causes that have led to the change in attitude and to analyze the relationship that exists or should exist between the church and the hospital. Inasmuch as such a large percentage of the hospitals of America are more or less closely related to the church in origin, ownership and tradition, their problem is naturally of interest to church people.

Those of us who are concerned with the management of church related hospitals must undertake to reestablish a feeling of obligation and interest on the part of church people in these agencies which help to give reality to the church's claim of brotherhood and good will. The church will not wish to surrender this part of its work. Spiritual values thus lost would be too serious. Our alternative then is to analyze the causes for the present lack of interest and, if possible, to reestablish relationships that may be mutually beneficial and conducive to a working out of the purposes for which the church engages in hospital projects.

Three Contributing Causes

A superficial study reveals several contributing causes. First, there are the increasing complications in which the church finds itself. Through overexpansion and overorganization, church members have become restive under taxation for the support of things remote and intangible and for meeting the costs of central organizations, overhead, interest and indebtedness. Add to this the materialism of the period and the decreasing understanding on the part of Christians as to their obligations; a growing selfishness and self-sufficiency; a willingness on the part of church members to have others attend to the benevolences for them, and finally a lack of vision and understanding.

Second is the financial element. Through the years and as a result of decreased giving, church hospitals in common with other voluntary hospitals have ceased to function in the life of the community as formerly. They have become service stations largely for those able to pay. They have come to be looked on as serving a class only and not as the benevolent agencies that they originally were. They have not kept pace with the social changes that have taken place and are consequently losing favor with the people who were originally responsible for their development.

A third element is the gradual divorce of the

hospital from church control and its consequent failure to function as a church activity. This proposition scarcely needs elaboration. Its effect upon church interest is self-evident.

Other causes might be cited but these are potent reasons enough for the lethargy that now exists. To establish interest and enthusiasm these conditions must be corrected and a proper relationship reestablished. Let me suggest what these relationships might be.

There must be unity of purpose and mutual understanding of objectives. The relation of the hospital to the church must be one of subservience. The relation of the church to the hospital must be one of parenthood, guidance, material and spiritual support, and nurture. Hospital service must be conducted as a church service. The Christian spirit must be dominant in personnel, nurses, and services rendered. The church hospital must be equipped to perform all that other hospitals do and in addition there must be present that something which characterizes Christian service.

On the part of the hospital there should be subservience to the things that the church stands for. There should be subservience in government. Control should be vested in the church. It should conduct its activities as a church service through the agency of Christian personnel.

The hospital must cease to look to the past for inspiration. Its wards must be made available to rich and poor alike. Society will again recognize the hospital for what it was intended when, through some cooperative plan the hospital will be fitted again into the social scheme. The church, true to its tradition, must provide institutions organized and maintained to supply all the demands of modern science and the requirements of modern people, while offering the advantages of spiritual consecration on the part of every agency that participates in extending the service.

Another Reason for Serving Good Food

Napoleon is credited with the saying, "The army travels on its stomach." I am not convinced that Napoleon ever made such a remark, but I do know that one of the worst extravagances of which one may be guilty is the buying, the cooking and the serving of food that finds its way into the garbage pail. Good food should be served to both patient and personnel. It gives everyone a sense of well-being, with the result that the patient and employee unite in radiating good cheer. It is this union of interests that creates "atmosphere." Atmosphere may be good or it may be bad. More often than we like to admit, the seeds of discord are sown by nurses and employees because they are improperly, if not inadequately, fed.—*Ada Belle McCleery, Evanston Hospital, Evanston, Ill.*

Lengthening the Life Line

By JOSEPH C. DOANE, M.D.

The anemias are still dreaded, as they may well be, but the introduction of surgical technique, blood transfusions and new apparatus are steadily lowering the death rate from this cause

IN 1616, a young, unprepossessing physician, modestly read to the fellows of the Royal College of Physicians in London the following statement: "It is plain, from the structure of the heart, that the blood is passed continuously through the lungs to the aorta, as by the two clacks of a water bellows, to raise water. It is shown by the application of a ligature, that the passage of the blood is from the arteries into the veins."

Thus William Harvey, the son of a yeoman of Kent, announced one of the most important of all medical discoveries, only to be subjected to pitiless persecution and ridicule, the most unrelenting critic being one James Primrose, who had been granted his license to practice medicine but a short twelve months previously.

Harvey could not envision today's great advancements in the treatment of diseases of the blood and the circulatory system. Even a decade ago few suspected that surgery would so soon play an important part in the treatment of such stubborn ailments as high blood pressure, diseases of the joints, intractable pain and gangrene of the extremities.

Because of their importance the hospital superintendent should have some conception of the basic facts underlying the cause and treatment of the anemias, and particularly of the arterial system of the human body. He is frequently called upon to purchase expensive apparatus and medicines to be employed in the relief of disease conditions which have as their underlying cause a deranged blood circulation.

Anemia, though generally little understood, strikes terror to the mind of the layman. And

well it might, for this condition varies in cause from the loss of blood from a major or a minor wound, to its continuous and persistent destruction as seen in the pernicious type which ends in death.

Anemia is an alteration of the composition or of the quantity of the blood or both. It may be of minor importance or it may demand the most heroic and persistent treatment to prevent actual loss of life.

The blood is the most vital of all body fluids. If it ceases to circulate but for a moment death comes to a part or to the whole. The circulatory apparatus is a system of connecting channels which not only carries away waste but also conveys nutriment. The blood is a living, vital and life sustaining liaison between the organs of metabolism and every cell in the body. It automatically regulates temperature. It conveys the necessary gaseous bodies such as oxygen to every cell of the body and in turn delivers to the lungs the waste carbon dioxide for elimination from the body.

Six Quarts of Blood in Body

The blood may vary greatly in amount and composition. Its volume is equivalent to about one-eleventh of the body weight, or, to state this fact in other terms, there are from two and one-half to three ounces of blood for every two and two-tenths pounds of body weight. About six quarts of blood continually circulate in the body of an average adult.

Sweating, diarrhea or hemorrhage reduce its total quantity. Thirst follows. If it is satisfied by drinking a quantity of fluids, the total blood bulk is again restored to normal. It was a clever and effective practice of the oldtime physician to require the patient who needed more body fluids to consume a salty food, and thus unwittingly whet his thirst. Others order an innocuous pill to be taken at frequent intervals with a glass of water.

The blood supply to any part of the body is not only governed by the strength of the pump, the heart, but also by the diameter of the vessels themselves. These being under nervous control are a part of the autonomic or automatic nervous system which regulates the temperature of the body, and which also serves to govern its nutrition. There is also a strong emotional influence continuously manifesting itself upon the diameter of these vessels. When a man is angry, his face blanches, and by the same token, when embarrassed, the skin becomes reddened. When the body is exposed to cold, the skin becomes whitened, the blood being forced into abdominal and other deeper tissues. When heat or medication dilates the peripheral vessels, the skin becomes reddened, the patient perspires and, in this instance, the temperature falls.

Scientists are becoming more fully informed concerning the effect of glandular secretions upon the circulation. The superintendent is frequently confronted with bills or requests for preparations containing the active principles of pituitary, adrenal, thyroid, ovarian and thymus glands. Usually the physician desiring these drugs is endeavoring to affect body metabolism by increasing or decreasing the blood supply of some part. While these drugs are rather expensive, modern medicine requires every aid in following through and making practical recent discoveries relative to the influence of these glandular products upon the circulation and bodily health generally.

Fewer Amputations Necessary

Surgery plays an important part in this new circulatory field. Where in other years, amputations were the only recourse of the surgeon in the handling of diseases of the extremities deprived of blood, today operations upon the nervous system at points far distant from the affected part are found to be of service in increasing the blood supply and hence restoring in part or in whole the usefulness of the limb.

The results of the hardening of the blood vessels are those which come from a blood want and not from the disease of the arteries themselves. Perhaps the two most vital arteries in the whole body are those supplying the heart. These, it appears, are today more and more often being obstructed, producing disability or death. Even the process of growing old is but the loss of nourishment to brain cells, not because the blood is poor in quality but because the supply to vital cerebral tissues is gradually restricted. With an ample blood supply, but with diseased vessels to conduct it, a patient is perishing from starvation with plenty of food in the store.

There are other interesting facts connected with this vital fluid. Its specific gravity is about 1.060. Its reaction is alkaline, being expressed by the chemist as having a 7.35 Ph. Most remarkably the blood maintains an ever constant acid and alkali balance in the body. The radio reverberates with the advertisement of medicines which combat acidosis. The public believes that an acid body is not infrequent and that when this condition is present it always is most serious. Actually, while sometimes the alkalinity of the blood varies in a second or third decimal point, this change is so infinitesimal that the blood never approaches acidity. When an excessive amount of acid or alkali food or medicine is consumed, reserve supplies of alkali and acid are instantly called into use to maintain a constant chemical balance.

Erythrocytes and Leucocytes

The six quarts of blood contained in the human circulatory system are of course made up of liquids and solids, in the ratio of about 52 to 48. The liquid portion of the blood is the plasma and the solid portion consists of red blood cells called erythrocytes and white cells called leucocytes as well as certain salts and proteins.

The erythrocytes have a diameter of about $1/3,200$ of an inch and vary in number from four to five million per cubic millimeter. The white cell, possessed of a nucleus in contradistinction to the erythrocyte, is $1/2,400$ of an inch in diameter, and there are approximately 8,000 per cubic millimeter. These two types of cells have their own physiologic function, the red cell carrying oxygen, the white serving among other purposes, as the first line of defense against infection.

Here again one observes an interesting automatic process in the repeated replenishment under normal conditions of the supply of red and white cells. The life of a red cell is approximately thirty days, at the conclusion of which time it is broken down and its coloring matter and other ingredients eliminated from the body. Automatically, from the intravascular spaces of the smaller blood vessels, a supply of red cells is constantly being produced to replace those destroyed. The same is true, in a general way, of the cells comprising the leucocyte group.

On the laboratory sheet of the average patient's chart one of the most frequent requests made by the clinician is for a full blood count, including not only an estimation of the total number of cells per cubic millimeter present, but also of the type of cell seen on a stained slide. There are many variations in size, shape and staining properties observed in blood cells in various

hemic diseases. So constant are these abnormal types of cells, that the laboratorian even at a distance may diagnose the condition as definitely as at the bedside.

Pernicious anemia, leukemia of various types and not a few of the rarer and equally definite blood conditions present so characteristic an appearance that diagnosis is often made by the laboratorian and not by the clinician. Indeed, some of these cells are named by the type of stain which they most easily take, a basophil literally being a basic stain loving cell, and an eosinophil being a blood cell staining easily with the red eosin.

A general knowledge of the physiology of the circulation of the blood is both important and interesting. Every minute of the twenty-four hours, of the three hundred and sixty-five days, and of the three score years and ten, the heart, an organ weighing approximately eight ounces, pumps about four quarts of blood. Every beat of the heart throws out two ounces of blood. During violent exercise this so-called minute output of the heart may be multiplied thirty or forty times. During, and immediately after the eating of a meal, the output of a heart may increase by one quart per minute.

All of these figures are changeable and alter in proportion to the stature of the individual as well as the physical capacity of the heart. In certain diseases of the heart valve such as an obstruction of the valve between the left auricle and the left ventricle of the heart, the output per beat is decreased to as little as one to one and one-half ounces. There is, it will be seen, a strong interrelation between that condition of the blood known as anemia and the nutrition of such functioning organs as the stomach, liver, pancreas and kidneys. Blood low in amount or poor in quality is bound to affect other vital processes.

Blood Transfusions

There is another angle to this discussion which bears directly upon the functioning of every department in the hospital. One treatment of anemia which appears to be more and more employed by the physician, namely, blood transfusion, consists, as its name implies, of the transference of normal healthy blood from the veins of the well to those of the sick. The blood of various individuals, though similar in the number of cells present, differs in the important factor of producing an agglutination or clumping of cells when mixed. In other words, the blood of one individual may so interact with that of another, that when introduced into the veins of the latter, it may actually threaten his life.

This brings about the necessity of a careful scheduling of the type of blood possessed both by the donor and by the recipient. These types have been denominated as 1-2-3-4. If a wrong blood type is injected, the clumping of cells is likely to produce an obstruction of small vessels and even serious damage to the excretory function of the kidney. A careful system must, therefore, be devised by the hospital authorities to make certain that the type of the donor is proper for that of the recipient.

Haste Sometimes Disastrous

It is to be regretted that there exists such an atmosphere of haste, with its resulting carelessness, in the procedure of preparing for a transfusion. When donors report to a hospital for typing, there should be an orderly method by which these persons are conducted to the laboratory for typing and Wassermannizing. It hardly need be remarked here that there is a possibility of the transference of syphilis from the donor to the recipient unless care is taken to make certain that the serology of the former is negative. A suit is now pending in an Eastern city against several physicians who failed to make certain that the donor was not infected with syphilis and in which the relatives of the recipient are claiming damage for a reputed infection with this disease through a transfusion.

When the serology of a donor is found to be negative and his type proper, this information should not be made the subject of a telephone transference. It should be written upon a carefully prepared form which bears the names of recipient and donor, with a definite statement as to the appropriateness of type and the result of the Wassermann test. No transfusion should be permitted to proceed until this card is in the hands of the operating room supervisor. Shortcuts place the recipient in danger and jeopardize the reputation of the hospital and its physicians.

While this paper cannot discuss at length either the value of transfusion or the justification of large expenditures for the purchase of blood, it is of interest to remark that in a certain large municipal hospital, approximately \$10,000 is expended annually for the purchase of blood.

Blood groups are apparently a matter of inheritance, and a knowledge of this rather unchangeable characteristic is sometimes employed in determining question of paternity. It cannot be said that the parent can be identified through the presence of certain agglutinating bodies, but it can be said that an individual either cannot or might be the parent.

Hemoglobin is the iron constituent of human

blood which is responsible for its color. Without being facetious, it may be said that the value to the clinician of this color in determining anemia is more or less lost by the fashion trends of the time. Time was when rosy lips and pink finger nails denoted a healthy condition of the blood stream but no more. The amount of hemoglobin is about 14 grams for every three ounces of blood, each gram being able to carry 1.3 cubic centimeters of oxygen.

Another interesting body in the solid portion of the blood stream is the platelet which has to do largely with the coagulation of the blood. When these cells are deficient in quality or quantity, the patient hemorrhages upon the least provocation. The ancient and royal disease of hemophilia has as its background an alteration in the blood platelets. There are about 250,000 of these bodies per cubic millimeter of blood.

The Fear of High Blood Pressure

Circulating blood must be kept at a certain pressure in order that nutrition may be maintained and blood may not stagnate in the venous system. The name, high blood pressure, has an ominous ring to the average person who envisions an eventual state in which the sufferer presents a dragging arm and leg, a loss of speech and even of intelligence. The quack plays upon this fear and employs every remedy from immersion of a part in water at various degrees of temperature, to the use of harmful drugs and harmless but ineffectual electric treatment. The hospital is called upon to accept and to treat many conditions which have to do with untreated high blood pressure. Reference has already been made to the part which surgery may play in conditions of this type.

More and more are general hospitals being requested to establish departments of hematology. The discoveries of Minot, Murphy and others as to the therapeutic value of such glandular products as liver and dessicated stomach tissue, point to the ever increasing possibilities that other blood conditions hitherto resistant to treatment, may in the end be conquered.

The treatment of the diseases of the blood itself requires special information which when clinical material is ample, might well justify the establishment of such a department. Institutions are looking with more favor upon the creation of clinics for the study and treatment of vascular disease. Here one discovers great possibilities in the handling of arteriosclerosis, Buerger's disease, and other conditions which have to do with affections of the arteries of the extremities particularly.

The superintendent should not discard without careful consideration, requests by his staff for the development of special study groups to handle these now more definitely recognized ailments. In connection with the study of vascular disease, there might be included a liaison between the physician and the surgeon, the latter being requested to treat patients to whom the newer surgical technique promises aid.

From a department of hematology might come helpful assistance in the handling of conditions of the blood characterized by circulating germs such as are represented by a low grade infection of the heart valves with a slow but certain deterioration in health and finally death. This subacute bacterial endocarditis is a dread condition found in every hospital medical ward. Such patients require months of care, resist all efforts at control of the infection and cost the hospital field in the aggregate, immense sums of money.

In the next issue, will appear a discussion in more detail, of some interesting blood diseases.

When Are Rooms Sunny?

What is the relative amount of sunshine entering rooms of various exposures? Does a room receive more rays with an east or a west exposure?

A study of these questions was made in Stockholm and the results presented in *Nosokomeion*. Assuming that the outside wall is an aperture completely open to the sunlight, the amount of sunshine striking on the floor and the other three walls of the room can be computed. On an equinoctial day the percentage of the area of the floor and three walls that is subjected to sunlight is as follows:

Exposure	10 a. m.	12 m.	2 p. m.	4 p. m.
Eastern	10.00	0.85	0.00	0.00
Western	0.00	0.00	5.40	18.00
S. S. W.	7.80	14.30	16.30	10.90

The quality of sunshine must also be considered as intensity is diminished as the sun sinks to a lower angle. Furthermore in actual practice the amount of sunshine entering a room is diminished by the presence of walls and by their thickness, by obstructions in the windows, by curtains and by smoke, haze, fog or other atmospheric conditions.

Stockholm is in about the same latitude as Juneau, Alaska, so the percentages given would have to be modified for more southern locations. The method of study, however, could easily be followed by any competent engineer for any latitude.

The Time to Paint

When are weather conditions right for painting? The answer is any time when there is no excessive moisture present, when the temperature does not go below forty, or when, on the other hand, there is no really torrid sun.

Modernize on Easy Payments

Over 1,000 hospitals have borrowed \$1,200,000 for repairs, alterations and equipment—ranging from a new roof to an emergency lighting system—under the modernization credit plan of the FHA

By L. R. GIGNILLIAT, JR.

Deputy Administrator, Federal Housing Administration

A SUBURBAN county in an Eastern state has no hospital of any kind, although it has a population of about 45,000 and is one of the most rapidly growing sections in the country. True, it is adjacent to a large city with excellent hospital facilities, but emergency cases must be carried a considerable distance to the nearest hospital in the city. The distance makes it most inconvenient for the people of this county to visit their relatives and friends who are hospitalized and is also unhandy for the doctors.

The medical profession is in favor of a hospital in the community, and the plan for its erection has progressed to the point of buying the land. Actual breaking of the ground is, however, several years off.

All of this is introductory to a suggestion of how the modernization credit plan under Title I of the National Housing Act could provide hospital facilities for this community, now, without an elaborate drive for money and without interfering in any way with the plan to build a new hospital some years hence.

In the center of the county are a number of residences and business buildings, any one of which could be converted into a small hospital to handle emergency patients and a large share of other medical and surgical cases. An expenditure of \$15,000, which could be financed under the Federal Housing Administration plan, would install a suitable operating room, make necessary repairs and improvements and adapt the building for use as a hospital.

The modernization loan for converting and partially equipping the hospital would be made by one of the local financial institutions under its con-

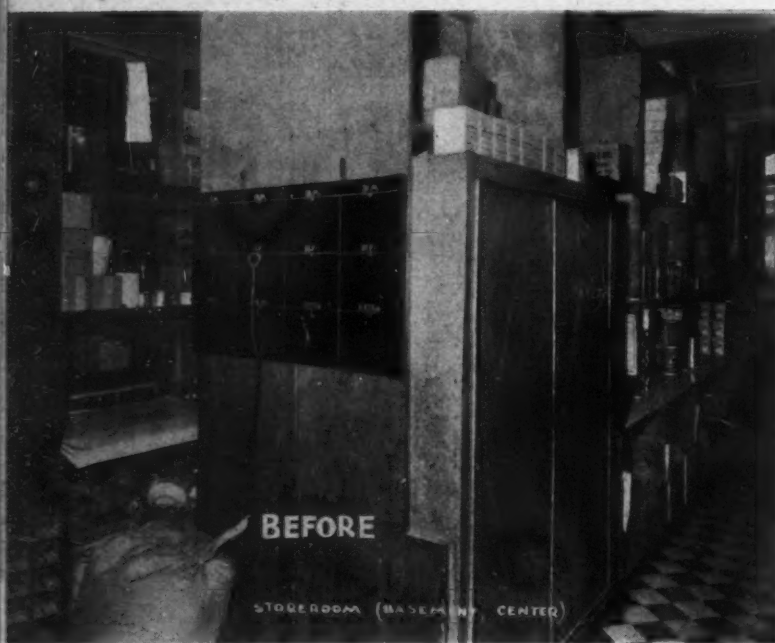


Franklin Hospital, San Francisco, is shown above as it was before being remodeled. The lower picture shows the smartened appearance of the building after it had been modernized.



tract of insurance with the Federal Housing Administration. Repayment of the loan can be extended for a period up to five years, payable in equal monthly installments with the debt completely retired at the close of that time.

It is not even necessary for the hospital corporation or association to purchase the land and building; it can be leased, provided the lease extends not less than six months beyond the maturity of the loan. The county in question is a prosperous one, with a great deal of building and real estate activity, and it probably would not be difficult for the hospital committee to find an individual willing to acquire a suitable property and lease it for this purpose, as an investment.



A storeroom at Lenox Hill Hospital, New York, has been remodeled to give more laundry space.



As a final supposition, the small hospital could, when the larger one is constructed, be used as a medical center for the offices of doctors and dentists, as an emergency hospital or as some specialized institution. If the county continues to grow as rapidly as it is now growing, the small hospital could continue functioning in its original capacity.

The situation and opportunity in this county is a sample of what may be done in other communities throughout the country. The modernization credit plan is applicable not only in conversion projects but also for repairs, alterations and additions of all kinds. In the case of hospitals, loans for these purposes may be made in any amount up to \$50,000. Loans may be made, too, for the purchase and installation of eligible equipment and machinery representing an expenditure of over \$2,000 and not more than \$50,000. In a loan made for both purposes the total may not exceed \$50,000 and the equipment portion must be in excess of \$2,000.

Prior to the advent of Title I of the National Housing Act there were no comparable facilities for obtaining such credit. The object of the act was to assist banks and other financial institutions in embarking upon the new activity by providing government insurance covering a percentage of each loan. The financial institutions, not the FHA, make the loans.

Rules Must Be Observed

The Federal Housing Administration lays down certain regulations that must be observed if the loan is to qualify for insurance. In addition to establishing maximum and minimum amounts these regulations limit the financing charge that may be taken, and give provisions concerning the term and payment of the loan and the type of improvements that can be made. It is required that the borrower's financial position be such that he can repay the loan conveniently. Applications are made direct to an approved financial institution.

The list of repairs, improvements and additions that hospitals may make under this plan covers a wide scope. A hospital crowded for space can, under the provisions of the modernization credit plan, construct a wing to its building. Or it may build a solarium, repair its roof, install insulation, put in new plumbing, heating, wiring or an air-conditioning system.

A number of hospitals are redecorating throughout. Other institutions are installing modern kitchens, landscaping their grounds, building recreation rooms, installing elevators and fire extinguishing systems, painting their exteriors, constructing water supply systems—the list is almost endless.

The equipment that may be purchased with a modernization loan covers a wide scope. Perhaps the hospital is in need of additional or more modern and varied equipment. In some sections of the South an infantile paralysis epidemic is taking place as this article is written. There will be institutions that need specialized equipment to meet the emergency and swimming pools or similar improvements to make orthopedic work possible, once the disease has left its mark. Such equipment may be purchased with the proceeds of a modernization loan and paid for over a period of years provided the total investment represented by this and other equipment exceeds \$2,000. Many types of hydrotherapy apparatus, as well as professional models of ultraviolet and infra-red lamps and other therapeutic apparatus are eligible under the FHA regulations.

A number of modernization loans have been obtained to install emergency lighting equipment in operating rooms. Other types of hospital equipment that may be purchased and installed with a modernization loan are anesthesia machines, autoclaves, centrifuges, surgical and dental cuspidors, dressing and solution carriages, instrument and supply cabinets, operating tables, solution warmers, sterilizers, artificial fever apparatus (installed), deep therapy tube stands, diagnostic machines (nonportable, electrocardiographs (installed)).

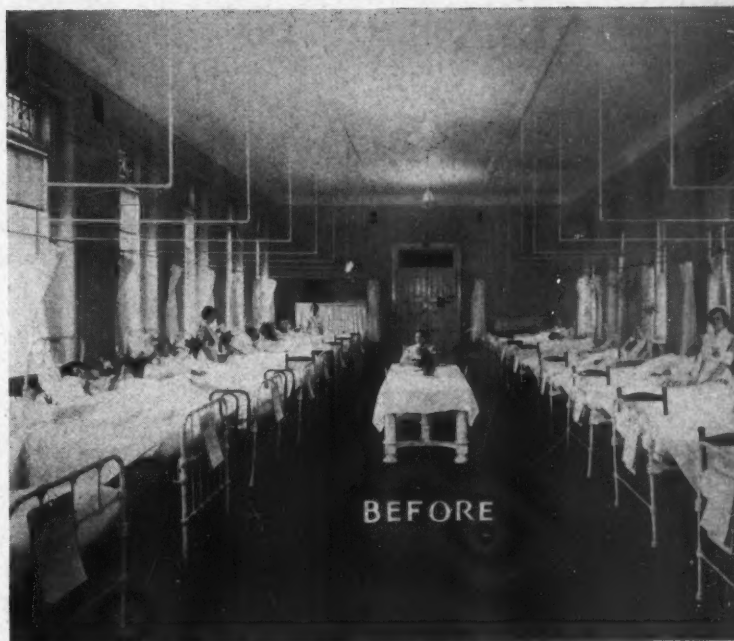
Equipment Eligible for Credit

Laboratory equipment that may be purchased consists of aquariums with water connections, exhaust fans, fume hoods and microscopes of restricted types. Miscellaneous eligible items are lymphatic pumps, obstetric bed tables, oxygen tents, suction and pressure units, treatment cabinets and tables, and nonportable x-ray equipment, including generators, tables and units.

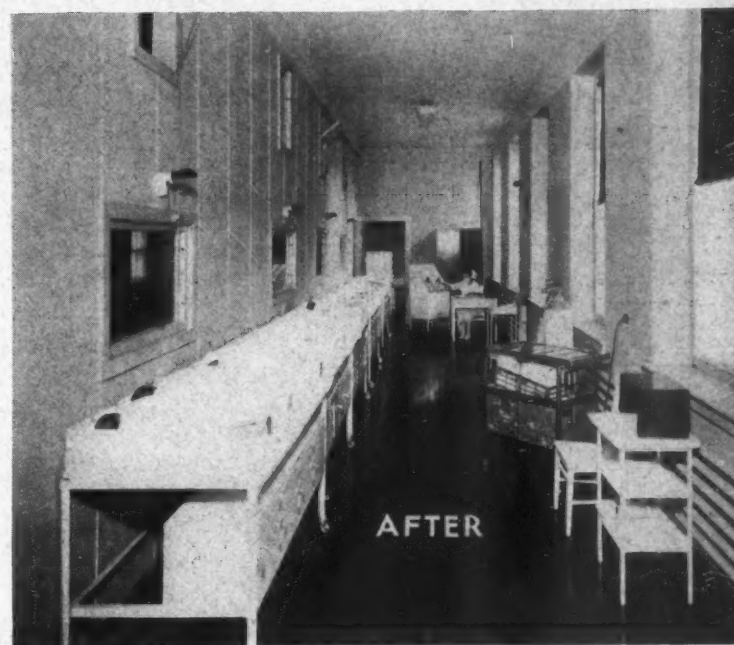
These cover only a small part of the equipment eligible for modernization credit. The requirements, in general, are that the equipment must be installed and nonportable. Supplies, small instruments, beds and other furnishings do not come within the scope permitted by the National Housing Act and the regulations of the FHA.

Over 6,300 banks, building and loan associations, finance companies and other financial institutions throughout the country are making insured modernization loans. Up to and including August 15, over 1,134,500 loans amounting to \$417,763,800 have been insured by the Federal Housing Administration.

Up to August 1, 1936, over 1,000 loans, amounting to \$1,200,000 have been made to hospitals under the modernization credit plan. Fifty-four



Another reconstruction operation at Lenox Hill turned a women's ward into a modern nursery.



per cent of this amount was for the purchase of equipment and machinery; the balance was for repairs, alterations and additions.

No one is urged to borrow where the circumstances do not justify assuming the obligation, but it is felt that there are thousands of hospitals needing improvements whose income would be sufficient to retire the loans without difficulty and such institutions are invited to consider the favorable terms of this government sponsored plan.

The Federal Housing Administration in Washington, or any state office of the administration, will be glad to answer inquiries regarding the plan and its operation.



Air conditioned operating rooms at Henry Ford Hospital, Detroit, prevent undue cooling of the patient. Incoming conditioned air enters through the grille near the clock in the lower picture while the exhaust outlets are on either side of the supply cabinet shown in the upper view. Patients' rooms have also been equipped.



PLANT OPERATION . . .

Conducted by John R. Mannix and R. C. Buerki, M.D.

Air Conditioning at Slight Expense

By Alden B. Mills

TAKING advantage of the favorable circumstances in its existing construction, the Henry Ford Hospital, Detroit, has air conditioned its operating rooms, entrance lobby and two units of patients' rooms, each containing ninety-six beds. The total cost to date has been from three to four thousand dollars for strictly air conditioning equipment plus part of the investment of \$40,000 in a new ice machine.

Several factors contributed to make it possible for the hospital to achieve so much with such a small outlay. First, a circulating brine system was already piped throughout the institution to serve the refrigerators and water coolers and to freeze ice cubes on the floors. This brine leaves the refrigerating machines at a temperature of about ten degrees below zero and returns at a temperature of about zero.

100-Ton Ice Machine Installed

There were originally two brine machines, one of sixty and one of 30 tons capacity. In considering the future requirements of air conditioning it was decided about a year ago to increase the total tonnage of the ice machines, hence a new 100-ton machine was substituted for the 30-ton machine at an approximate cost of \$40,000. Part of this cost is therefore chargeable to the cost of air conditioning, although the replacement of the 30-ton machine was largely due to natural machine wear.

The second fact favoring the installation of air conditioning was that the hospital already had a system of washed air ventilation throughout the institution. All the outside air entering buildings passes through air washers, is blown into rooms and is exhausted mechanically through the bathrooms which adjoin each patient's room, and other necessary locations. There is a complete air change in each patient's room not less than once in every five minutes.

The third advantage is that Detroit is sufficiently far enough north that the summer temperatures are not as

high as in many other Midwestern cities.

To transform this system of washed air into a summer air conditioned plant, the hospital merely makes two changes. First, filters are installed in the fresh air intakes and, second, brine coils are installed in the air pathway and also submersed in the water of the air washer tanks, thus giving the necessary cooling effect to the fresh air. These changes are being made in one unit at a time. Most of the brine coil in each unit is in the direct line of air movement but several sections of the brine coil are submersed in the air washer tank where the water is caught after it has been sprayed through the air. Thus the water is kept cold enabling it to absorb a considerable amount of the heat from the air. Further heat is absorbed as the air passes over the brine coils. As the air is thus chilled it loses part of its humidity.

Since the air is filtered before it strikes the water in the washers, this water stays clean and is used over and over again. The hospital has found that the addition of filters results in much cleaner air than mere washing alone.

Air Washed and Warmed

In the winter the air is also filtered and washed; then is warmed by passing over heating coils before being forced into the patients' rooms. In cold weather the washing increased, to a certain extent, the moisture content of the air, thus raising the humidity to a comfortable amount.

For the operating rooms, where the humidity is never allowed to go below 60 per cent, the water in the washer is warmed in winter so that it will transmit an even greater percentage of moisture to the air. Humidity is not automatically controlled in the operating rooms but is tested frequently and quickly adjusted in case it falls below the desired percentage.

In most of the units of the hospital only outside air is circulated. In one unit, however, an experiment is being

conducted to determine whether some of the air cannot be recirculated and, if so, what percentage. At present about 25 per cent is being recirculated with apparently satisfactory results. This lowers the cost of cooling in summer and of heating in winter.

Filters have been installed in over half of the circulating units and will shortly be installed in the remainder. Filtering not only removes pollen from the air but also cuts down on the amount of dust, soot and other dirt coming into the hospital, thus saving on the housekeeping costs.

All windows in the air conditioned rooms, of course, must be kept closed and this has been the only difficulty that has been experienced. In the air conditioned parts of the institution, the temperature on hot days is kept from ten to twelve degrees below the outside temperature. With an outside temperature in the upper nineties, however, the inside temperature is in the upper eighties and patients sometimes want to open windows. It was found necessary in only a few cases as an increased air movement was provided by increasing the amount of air forced into the room.

More Brine Coils if Needed

This system of air conditioning is not as flexible as some hospitals might wish since humidity and temperature cannot at present be controlled independently of each other. If it were considered necessary, however, to obtain a greater reduction in relative humidity, it can be accomplished by the installation of more brine coils thus lowering the air temperature; then reheating the ventilation air to the degree of heat necessary to give the desired room temperature. So far, this refined control with its extra expense has not seemed to be necessary.

The operating cost of this type of air conditioning is somewhat higher than would be the case if cooling were accomplished by machinery installed for that specific purpose. This is true because it is not necessary to circulate brine for air conditioning at a temperature as low as that needed for refrigeration. The extent of this extra cost cannot be readily ascertained since the number of British thermal units used for air conditioning have never been separated from those for refrigeration. The increased cost of electricity to operate the refrigeration machines has not been prohibitive, however, and the hospital is planning to extend the air conditioning to additional units.

Counterbalancing this increased operating cost, however, is a decided saving in capital investment since existing equipment was used almost entirely and the installation made by the hospital's engineering department.

The attitude of the medical staff

towards air conditioning both in the operating rooms and in the patients' sections is indicated by the following statements by staff doctors.

"The value of air conditioning in the hospital is perhaps more emphatically realized by doctors than anyone else. This does not refer only to cool air during the hot days of summer and the increased comfort of the patient, both of which are apparent, but also to the lack of the ordinary dryness of the nose and mucous membranes in the winter time. The contrast between outdoor and indoor air in the heated houses in the winter apparently plays a big part in the inclination to upper respiratory tract infections. The therapeutic possibilities to be obtained through controlling not only temperature but also humidity in the rooms of patients with upper respiratory tract infections has never been fully explored."—Frank J. Sladen, M.D.

"The relatively high humidity which we maintain in the operating room serves a twofold purpose. First, the patient is not unduly cooled by too rapid evaporation of perspiration. Second, static sparks are prevented. The latter is important as we are

using ethylene gas and ether daily, and fatal explosions from both of these have been caused by static sparks. Our feeling has been that patients thrive much better with the controlled temperature and we are sure that the surgeon does the finer work of operations with greater ease and more accuracy when he is not suffering from the heat. We also feel that patients do much better in the rooms with the controlled temperature than in the uncontrolled rooms, especially during the hot summer days when the heat is often so oppressive."

—Roy D. McClure, M.D.

"Patients with hay fever and bronchial asthma often are hospitalized to provide filtered and conditioned air. Many patients enter the hospital solely because they can be put in air conditioned rooms and thus escape airborne pollens. However, the maintenance of proper temperature and relative humidity in the rooms of other patients is also of great importance. The feeling of well-being, so important a factor in proper treatment, is difficult to obtain unless the patient has a feeling that the air he breathes is fresh and pure."—F. R. Menagh, M.D.

louvers so spaced and so inclined outward and downward as to permit the radiation of light laterally from the lamp but at the same time to shield the eye completely from glare.

4. The light on the work is diffused by passing through Belgian flashed

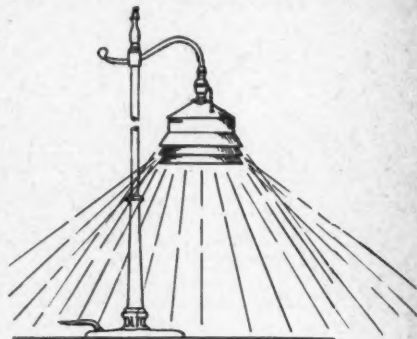
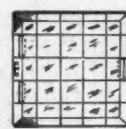
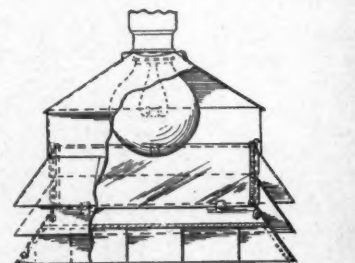


Fig. 1

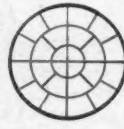
opal glass. A sheet of this is positioned above the glare baffle across the bottom of the unit and smaller sheets of it are placed immediately behind the side louvers. If desired, other diffusing means can be used such as providing the lamp with an enclosing globe or a partially enclosing bowl of diffusing or light scattering glassware, or the housing with a diffusing lining towards which the light is directed and then reflected to the working plane.

Drawings of one model or type of the unit are shown in Figs. 1 and 2. It is obvious that the principles noted above can be effectively embodied in different designs.

The side baffles forming the lower part of the housing consist of downwardly and outwardly inclined vanes or plates spaced apart in a vertical direction by distances considerably less than the vertical distance between the top and bottom plane of each vane. Each of the vanes is in the form of a hollow frame which may have a rectangular, circular or other shape to conform to the shape of the horizontal cross section of the enclosure that is desired.



A



B



C

Fig. 2

Lamp Light That Saves Sight

By C. E. Ferree and G. Rand

Research Laboratory of Physiological Optics, Baltimore

A SATISFACTORY desk lamp should embody the following features:

1. Adequate intensity of light, also a means for varying intensity to suit individual needs and different types of work without changing the color and composition of the light or the size, shape or location of the illuminated area.

2. The unit itself should be glareless with lamps of either low or high wattage.

3. It should be placed at a sufficient height to give a wide field of illumination. This spread of light can be increased by certain provisions in the construction of the unit.

4. The light should be well diffused and evenly distributed on the plane of work and there should be a well balanced placement of light and brightness in the field of view. For securing this latter condition an upward component of light is an important factor, in addition to the complete elimination of glare from the lighting unit itself.

5. Glare on the work should be reduced to a minimum. Diffusion of

light and height of unit above the plane of work are important factors in securing this result. The most effective means for eliminating glare on the work is a suitable provision for varying the placement of light.

6. The light should be made to approximate daylight in color and composition. For many eyes, particularly in certain pathologic conditions, this is almost imperative.

The general plan of the unit which we have designed to meet these requirements is as follows:

1. The unit may be of the direct or the direct-indirect type.

2. To prevent glare from the opening of the housing when it is elevated to the distance above the work that is required to give a wide spread of light and a minimum of glare on the work, a glare baffle of the egg crate or some other type is suitably positioned across the opening. Baffles of this type not only eliminate glare from the unit itself but aid in reducing the glare from the work.

3. An increase of spread of light is obtained by making the lower part of the housing of nonreflecting vanes or



Of course you wouldn't give Wyandotte as a Christmas present to your family or friends. But while you're enjoying a Merry Christmas in your home don't forget to give your business a Christmas present, too. Give it Wyandotte, and your business, and you, will enjoy a Happy and Prosperous New Year.



SEASON'S GREETINGS

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In the model shown in Fig. 2 the inner edge of the upper vane is fastened directly to the housing and the two lower vanes are supported on slender rods, also attached to the housing. In another model all vanes were supported on slender rods attached to a framework within the housing so that the outer edge of the vanes did not extend beyond the housing. Provisions may be made for changing the spacing of the vanes, such as are shown in Fig. 2. Both upper and lower surfaces of each vane are painted flat black to eliminate glare. The breadth of the vanes, their number and the distance by which they are separated, their angle of inclination, their relation to the filament of the lamp and their surfacing are important features in securing the desired effect.

The bottom baffle shown at A in Fig. 2 has a cellular construction similar in appearance to an egg crate. It consists substantially of two series of vertical partitions extending across the opening of the enclosure at right angles to each other. The partitions extending in each direction are parallel. In the model shown in Fig. 2 they are spaced apart by about 2 inches and are approximately 1 1/4 inches deep.

Through the downwardly extending passages formed by these partitions, the greater part of the light is allowed to pass to the plane of work, only such rays being intercepted as will produce glare. If one were directly under a unit provided with this baffle, glare would be experienced only when the gaze was directed upwards. In order that protection may be complete the partitions are surfaced flat black.

Well Diffused Light Obtained

When the unit is raised to the proper height above the material to be illuminated and is positioned in proper relation to the material and to the worker, a wide spread of evenly distributed and well diffused light is obtained and both the side and bottom baffles as seen from the position of the worker are not luminous at all or have a dull luster or soft silvery sheen of such low brightness as not to cause annoyance or discomfort to the most sensitive eye. Further, no light falls on the face other than that which is reflected from the working plane.

At B and C are shown two other types of bottom baffle which may be used to good advantage in case the housing is made circular rather than rectangular in shape. In B the baffles are shown arranged in the form of concentric circles. Partitions circularly disposed, however, shield the eye completely only when the gaze is directed along the common radius of the circles. In all other directions glare is experienced. In order to shield the eye in all directions radial segments are

inserted between the circles at suitable places. While good results are obtained with this form of baffle, we have not found it to be as satisfactory as the egg crate type shown at A.

In C also the partitions forming the baffle are both circular and radial. The radial partitions are curved so that the appearance is that of a bottom slightly convexed upward. Intersecting the radial partitions at suitable vertical levels are circular partitions. Either illuminated or dark, this baffle gives a pleasing effect. Both it and the type of baffle shown at B, however, obstruct the downward passage of light more than the cellular or egg crate construction shown at A.

Features of Model

To ensure that all the light which passes to the surface to be illuminated is adequately diffused, above the bottom baffle in the model shown in Figs. 1 and 2 is a plate of Belgian flashed opal glass; also the enclosure formed by the side baffles is lined with the same glassware. The hinged construction at the bottom of the unit is such that the baffle and diffusing plate may be readily lowered for replacing the lamp or cleaning the diffusing plates.

As already indicated, the diffusing plates thus far used are of imported Belgian flashed opal glass, both surfaces of which are smooth. This glass has an especially high coefficient of both diffusion and transmission and its smooth surfaces are of advantage in cleaning. If color corrective glassware is used it should be etched or some other means provided for diffusion. If desired, other diffusing means can be used, such as are noted in "4" above.

The unit as described is a laboratory product, constructed to illustrate a principle. It has not had the benefit of skillful and artistic designing. The stand, for example, is a shortened and modified floor stand selected because a desk stand tall enough to give the desired effect was not obtainable. The stand should be made adjustable in height to suit the needs of workers of different heights. To give the best results for a person of average height, the bottom of the unit should be at least 20 inches above the plane of work. When positioned at this height an area 6 feet in diameter can be satisfactorily illuminated with light of good intensity, distribution and diffuseness.

Desk illumination presents a different problem from table lighting. The center of the desk is usually occupied by the work and the lamp is placed at the back of the desk or in some otherwise unused and suitable location. The lamp is made to extend out towards the work from the stand or support with the intention that the area of work shall receive the highest intensity of illumination, not the base of

the lamp as happens in case of table lamps. It is easy to eliminate glare completely from the desk lamp. To do this is not so easy in case of the table lamp.

Table lamps are rarely sold as desk lamps. A notable exception to this is the lamp recently recommended by the Illuminating Engineering Society. This lamp is distinctly a table, not a desk lamp and was modeled, so we understand, after an old type of table lamp. Properly speaking, it is not suited for the illumination of a desk. Further, the protection provided against glare is by no means adequate. In this connection it should be remembered that simple glare may be caused even by completely diffused reflected or transmitted light if the intensity is sufficiently high.

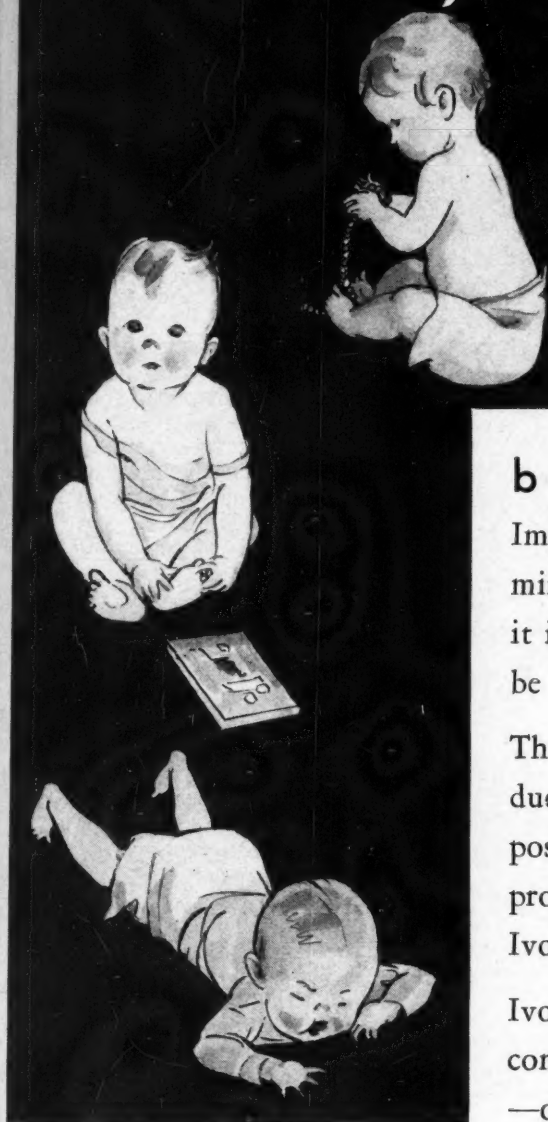
There is, too, the experience of poorly distributed light and brightness which is uncomfortable. The face and eyes receive entirely too much light directly from the lamp, often more than does the work. In this way an annoying discomfort may be experienced even though no surfaces of excessively high brightness are visible either in or around the lamp from the position of work. This light coming from above is particularly annoying because it falls on the lower half of the retina which is extremely sensitive to glare. This experience will always be had when the source of illumination is above the level of the eyes if baffles are not used in the construction of the lamp itself or a shade is not worn over the eyes.

In addition, we have here the difficulty which is always encountered with wide-angled sources of light. With a luminous surface of large area acting as source it is almost impossible to escape the angle of specular reflection from the work. That is, just in proportion as the light falls on the work from a large number of directions, it will be specularly reflected in a large number of directions, rendering it difficult to place the eye so that it will not receive some of these glare producing rays. The glare from the keys and other parts of many typewriters, for example, is particularly bad with this lamp.

Exhaust Fans and Heating

The purpose of the exhaust fan is to move air from the building and discharge it outside. When outside temperatures are such that the heating plant is in operation, it means that more heat must be supplied to replace the loss of air. This, of course, has a definite effect on heating costs. For that reason exhaust fans should not be used indiscriminately, but according to a definite schedule so that air is changed only in the volume essential to good ventilation.

Thorough and Gentle!



but no miraculous properties

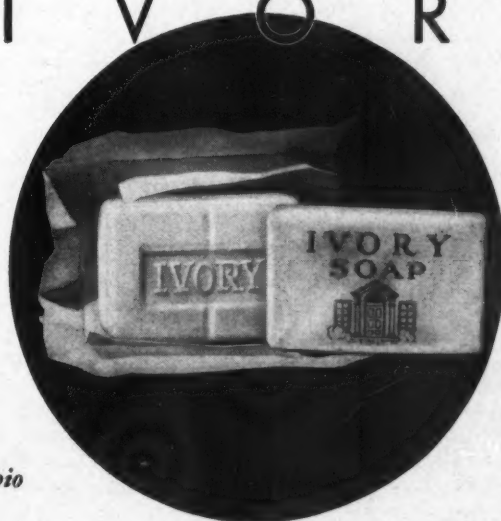
Important as it is in patient care, soap can perform no miracles. Its one function is to *cleanse*. And in patient care, it is particularly important that its cleansing action should be not only thorough, but agreeable as well.

The widespread use of Ivory Soap in American hospitals is due to its almost universal recognition as the one soap which possesses thoroughness and gentleness in the most generous proportions. And these qualities, in turn, are the result of Ivory's fine ingredients and its unvarying purity.

Ivory's soothing gentleness can be a big factor in bringing comfort to your patients. The experience of other hospitals—or a fair trial of your own—will prove it.

Miniature I V O R Y

In addition to the familiar 6-ounce and 10-ounce sizes for general cleansing, Ivory Soap comes in a choice of six convenient, economical, individual service sizes. Cakes weighing from $\frac{1}{2}$ ounce to 3 ounces—either wrapped or unwrapped—are available for both patient and personnel.



PROCTER & GAMBLE, General Offices: Cincinnati, Ohio

An Accident May Occur

By Murray Sargent

Executive Director, New York Hospital, New York City

THE analogy of the shoemaker's ill-shod children readily applies to hospitals which fail to give the important subject of safety special attention. There are good reasons why the activities of hospitals make them more susceptible to accidents than many industries which appear to be more hazardous.

That part of a hospital's service which relates directly to the care of the patient is only one of its many types of activities. A well equipped hospital has a large and active laundry equipped with up-to-date mechanical devices which present all the accident hazards of any large laundry, plus the additional danger of cuts from instruments or other objects that come down in the wash. If the laundry is poorly equipped, the danger of accidents may be still greater.

The engineering department combines a heating and perhaps a lighting plant with a machine shop, a carpenter shop, a plumbing shop and a corps of painters. All of these activities are surrounded by occupational hazards. The same might be said of the pharmacy, storeroom and housekeeping departments, the last of which is a major department in every hospital, though its share of work varies.

Floor cleaning presents a problem of cleanliness and sanitation *versus* slipperiness. Mechanical cleaning devices cannot be used if they are excessively noisy or occupy too much space, even though they might afford increased protection to the workers as well as increased efficiency and lower cost to the management. Window cleaning is extremely hazardous and probably ranks higher than other work in insurance rates. The maintenance of elevators from its very nature has been productive of serious, if not fatal, accidents.

Hazards in Dietary Department

The nutrition department combines in larger institutions all the steps of food preparation and serving that are found in large hotels and restaurants, complicated by many varied diets and the problem of room service. In this department alone are combined the hazards to be found in butcher shops and in bakery shops, as well as those that are characteristic of large scale kitchens and dining rooms.

A hospital, then, is a center of many types of industrial activities and is thus forced to recognize the special forms of hazards that go with each of them. Hotels are more nearly com-

parable to hospitals in work performed than any other commercial enterprise, yet there are ramifications in the hospital which far exceed those of the hotel. These include the complications of a sanitation which requires a polished floor, and the consequent hazard introduced to patients and visitors.

The nursing and professional departments may also contribute substantially to accident producing conditions. The time element is so important in the handling of emergency and acute cases that frequently the question of a quick way of treating a case must be weighed against a slower but safer way. This applies even in such a simple matter as turning over a patient in bed, a process which has often resulted in a strain for the nurse. Accidents in these departments make up a good percentage of the whole and are peculiar to hospitals and allied institutions.

Labor Turnover a Cause

High labor turnover and lack of proper selection and training of employees are important causes of accidents. It seems to be a tradition that hospitals can absorb any type of applicant for positions in the lower personnel brackets provided there is a reasonable assurance that the applicant is honest. As industry has long since learned through bitter experience, this is a fallacy. The very fact that hospital hazards are so numerous and so characteristic makes it imperative that some method of screening out applicants should be developed for the protection of the potential employee as well as the hospital.

A physical examination is necessary to determine whether a man is able to do work as a porter or orderly or whether a woman can do manual work in the laundry or as a maid. Excessive turnover is a corollary of misfits in jobs. If the employee force is large enough to warrant it, some member of the professional staff should have office hours for physical examinations and a personnel department should supervise this screening process as well as supply a clearing house for dissatisfied and ambitious employees who seek a change in position. Where the number of employees does not warrant a special department, this function should be handled through the superintendent's office.

Careful selection is not enough. Employees must be properly trained and warned against the possibility of acci-

A hospital should be a place to go after an accident, not to have one. However, and logically, the accident rate of hospitals is high, including as they do, the hazards of several industries under one roof

dents that experience has demonstrated are prevalent in their types of work. We must recognize that hospitals, hard pressed as they are financially, cannot be expected to pay much, if any, more than the current rate for positions. Hence, for economic reasons, there is bound to be a high turnover in lower paid jobs. It is usually estimated that by the time a new employee has replaced an old to the point of equal efficiency, the equivalent in money of from two weeks' to a month's wages have been lost to his employers. Good management keeps a watchful eye on labor turnover from that standpoint as well as from the point of view of safety.

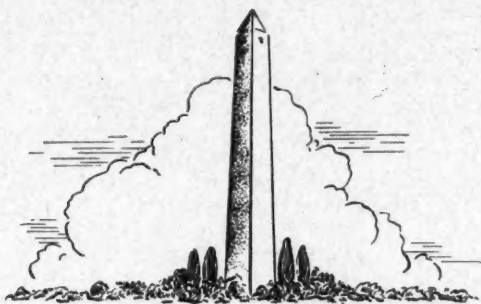
The attitudes of patients seem to vary with their personal characteristics, and to some extent with their type of ailment. Some feel that they are capable of doing more than their condition actually permits. Others are under the mistaken impression that they are more helpless than is actually the case. These and other manifestations of a subnormal condition require constant watchfulness and some imagination on the part of those in charge to anticipate accident producing situations.

Protecting Visitors

To a less degree visitors are frequently in a preoccupied or distressed frame of mind, sometimes in a depressed physical as well as mental state, and hence not as much as usual on their guard to avoid hazards. Here again every precaution must be taken to provide safe conditions.

There is the necessity for constant checking on the condition of equipment and the way various kinds of facilities are used. There is always the well intentioned Jack-of-all-trades who thinks he can make repairs and adjustments that really require technical knowledge and experience. He is a menace to the safety of himself and others.

Most preventable accidents are due to carelessness or inefficiency, ignorance, failure to follow prescribed methods and faulty equipment. If an analysis of accidents is made it will



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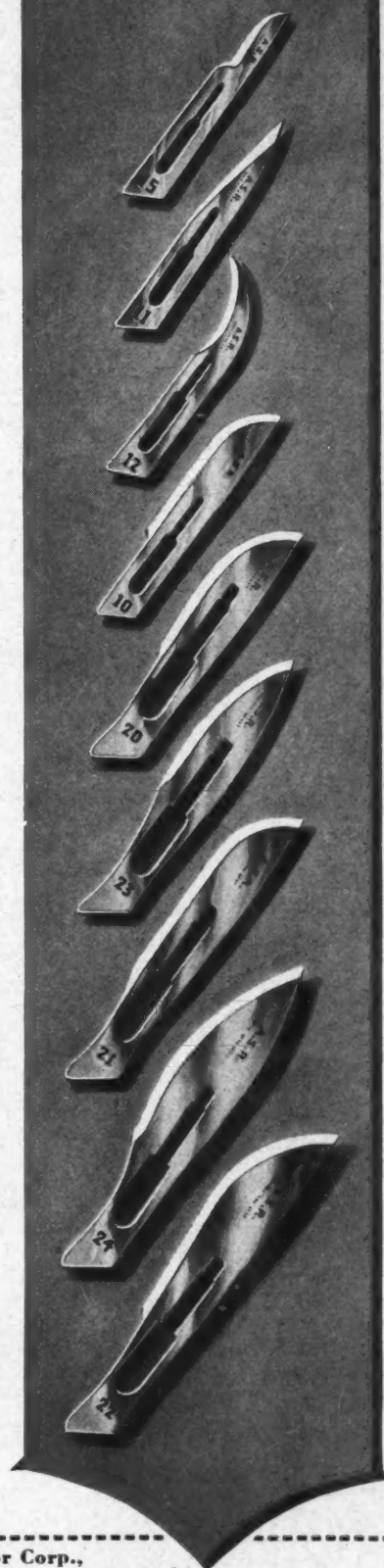
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frequently be found that certain individuals are prone to accidents or that the way a type of work is being done makes accidents frequent. The remedy here may be dismissal of the employee or a change in the method used. Prof. Milton J. Rosenau of Harvard Medical School in his book, "Preventive Medicine and Hygiene," states in reference to preventable accidents: "Prevention depends upon a study of their chief causes and diffusion of knowledge so that people may safeguard themselves."

Much ink has been spilled on the subject of safety. Sometimes it might appear that there is a large element of ballyhoo about it. Experience has shown, however, that wide publicity helps to make the individual accident conscious and so caution conscious.

H. W. Heinrich in "Industrial Accident Prevention," gives four principles of accident prevention: (1) executive recognition, interest, support and participation; (2) analysis of accident causes; (3) selection and application of remedy, and (4) enforcement of corrective practice.

He divides the causes into three groups: supervisory, which includes 88 per cent; physical, including 10 per cent, and unpreventable, only 2 per

cent. Under supervisory he classifies faulty instruction, under which would come unsafe practice; weakness of employees due to inability, lack of concentration or mental or physical unfitness, and poor discipline.

In each organization it is important that a spot light be turned on accidents, their causes and remedies. An effective way to do this is to have a method of ranking each department, taking the experiences of any one year as 100 and showing what progress is made toward an improvement in number of accidents. This is a better and fairer way than to let the comparison show the actual figures of one department against another, because obviously more accidents are likely to occur in the kitchen than in the office.

One point to be emphasized is that employees should not be afraid to report an accident because of the risk of a reprimand or dismissal. That might well happen with too much emphasis on the subject. It is quite possible that here and there among hospitals too much stress is placed on small mishaps. It is better, however, to err on the side of reporting too much than too little, and the injured who can should go back to work.

inside and outside surfaces of the glass at the same time resulting in even expansion.

The dishwashing machine should be cleaned daily. The exterior should be kept as clean as the inside in order to encourage the same standards of sanitation throughout the kitchen.

Start at Bottom of Stairway

Most modern stairways can be swept with a treated sweeping mop. However, there are many stairs in use whose construction necessitates the use of a floor brush. Stairs having square corners or that have rough or grooved treads are more difficult to sweep with either a mop or a floor brush. A floor brush is the best tool to use on stairs of this description.

In sweeping stairs having a wall on each side, one should begin at the bottom of the stairway and sweep the dirt to one side, working toward the top. When the top of the stairway is reached, the dirt can be swept down from the opposite side working from the center of the tread toward the outside, using a slight brushing motion in the corners. This procedure is carried on to the point of beginning where the accumulation of dirt can be picked up in the usual manner and disposed of.

The sweeper may stand on the tread above or two treads below the one that is being swept.

This method of sweeping will allow traffic to use one side of the stairway while the other side is being swept. The use of a sweeping compound is not recommended except in instances in which the condition of the stair or the quantity of dust makes the use of a mop impractical, and it becomes necessary to use a floor brush.

When sweeping stairways with a rail on both sides, it will be necessary to sweep from each side toward the center of the stair.

Stairs having a traffic rail in the center sometimes offer an additional inconvenience for sweeping but can usually be swept by the same method as prescribed.—*Model Custodian*, February, 1936.

Ways to Reduce Dish Breakage

A CAMPAIGN to reduce dish breakage can sometimes effect substantial savings. In a recent study made of dish breakage in commercial restaurants, it was found that 35 per cent of the dish breakage came in sorting and stacking dishes. An improved layout in the kitchen helps to reduce breakage occurring from this source.

Obviously it must be possible for those who bring dishes into the dishwashing department to deposit them quickly and with the least amount of breakage. This is impossible if the quarters are cramped. There should be room so that trays do not need to be rested on ledges or piled on top of one another.

One commercial lunchroom has solved the problem of quick dish deposit by building a series of shelves 12 inches apart on top of the sorting table. Trays of soiled dishes are placed on these shelves and dishes are removed to the sorting table by the dishwasher.

The dishwasher sorts china, glass and silver — teaspoons into one bin, tablespoons into another. Glasses go into a special dish rack and china into other racks. Sorting the silver before it goes into the dishwashing machine speeds up the sorting later.

In some lunchrooms the sorting

table is equipped with a rubber mat or linoleum cover, so that the dishes never come into contact with hard metal surfaces.

In most well run kitchens all dishes are scraped by hand with a rubber scraper, and dishes with grease on them are moistened in a pan of hot water before being placed in the rack.

Often the clean dish end of the machine gets overcrowded with clean dishes, slowing up the work and increasing the tendency toward breakage. A few minutes to drain is an advantage but frequently the clean dish table is used as a storage base, and this reduces the efficiency of machine and personnel.

Glassware and silverware usually have to be dried with towels, in order to give them a polish. The glassware is frequently washed first while the water is entirely free from grease and food particles. In some installations, the dishes are washed first and after they have been cleared away, the machine is drained out and filled with fresh clean water for the glasses.

Extremely thick glasses may, in rare instances, crack from exceedingly hot water. Ordinary glassware and the finer grades of thin glassware will not be affected by the water, no matter how hot. This is because of the fact that the water reaches the

Personal Telephone Calls

Personal outgoing telephone calls by the personnel are an unjustifiable expense, according to W. Mezger, superintendent, Knickerbocker Hospital, New York City. "When they are permitted the privilege is generally abused. The practice adds to the telephone load and takes up the employee's time. We cannot think of one single good reason why it should be permitted. Insofar as possible, personal incoming calls should also be discouraged."

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Time Stamps Tell Tales

By John Gorrell, M.D.

Superintendent, Falk Clinic,
Pittsburgh

FREQUENTLY clinics and hospitals are so busy giving good medical attention that they fail to watch the business office mechanics. A case in point is the use of time stamps.

A time stamp is a printing mechanism usually clock-driven which makes it possible to stamp on letters and papers not only the date but the hour and minute when they are received. Other things such as the name of the organization, department and other important information may be printed simultaneously. The United States Post Office Department was among the earlier users of this equipment. Consequently most firstclass mail bears the name of the city, the post office branch, the day and the nearest half-hour. Many businesses and corporations stamp all the incoming mail at the time it is being routed to the proper department. In some hospitals this may be worth while. There are, however, a number of other uses of the time stamp which may be even more valuable in hospitals.

Valued in the Pharmacy

Frequently it is necessary for employees to know that studies are being made of the work they are doing. For example, in one large Mid-western hospital with a huge out-patient department, it was felt that a time stamp could be used in studying the services of its pharmacy. Complaints had arisen that the patients were required to wait unduly long.

In this pharmacy the patient presented the prescription to the pharmacists and paid the stipulated fee. The patient then waited until his name or number was called.

By the simple expedient of having all prescriptions time stamped when first presented at the pharmacy and again when the prescription was delivered, the time lag was accurately available. It was discovered that the average wait was well over eight minutes. Some prescriptions required as much as twenty-five minutes. When the time stamp system was explained and installed, the pharmacist was able to reduce the waiting time average to less than three minutes.

In order to discover the cause of complaints of slow admissions in the Falk Clinic, Pittsburgh, a time stamp was installed. The application was stamped when handed to the patient and again when the patient reached the cashier. After the purpose was explained to the various employees a marked saving of time was effected.

Certain employees working peculiar

hours or odd shifts wanted to know if they could use the time stamp to keep track of their time. This was encouraged and employees now sign a card and stamp it when they come in and again when they go out. The card is then dropped in a box for the business office. Frequently the employee follows the admirable plan of making two cards and keeps one for his own records. This has worked out to the complete satisfaction of everyone. Questions of days and hours are completely eliminated and the business office appreciates the employees' ability to confirm the payroll figures.

Aids Insurance Companies

When medical care is being given to industrial employees, either by hospital clinics or private physicians, it is frequently important that the hour as well as the day be recorded. One industrial clinic which charges for its work has a system of charge slips bearing the patient's name and the type of service rendered. It was found essential to use the time stamp on these slips because frequently the same patient would return more than once on a given day. Without the time stamp the insurance companies would question whether the patient made the listed number of trips or whether there was accidental duplication in the charge slips. The time stamp answered this question with complete satisfaction to everyone.

In messenger service and also in the case of industries sending patients to hospitals, it is desirable that the order be time-stamped when the messenger or patient leaves to go to the hospital. This discourages the waste of time:

If a clinic or hospital has a series of time stamps bearing the department name, these may serve to record the watchman's calls. The watchman stamps his card as he goes from section to section of the building. This gives an excellent record at no cost.

Frequently in the hospital admitting office the time stamp would serve a useful purpose. It is particularly valuable when the question of the patient's day and hour of arrival and discharge is a matter of comment, especially when fraction days are charged. It may also serve to settle the point of what resident was on call.

Other ways in which time stamps are used in institutions are as follows: time stamping requisitions; time stamping case histories; arrival of emergency patients; departure and return of ambulances; the payment of patients' bills; telephone calls; establishing date, hour and minute of births in delivery rooms; x-ray and radium treatments. In the radium department of the State Institute for the Study of Malignant Diseases at Buffalo, N. Y., the time stamp is used to record the start and stop of exposure time.

Care of Floors

Floors of linoleum, tile, marble, or the various composition types, present a smooth surface which facilitates cleaning. However, the cleaning must be thorough and should be carried out frequently or traffic over the accumulated dirt and grit will rapidly and permanently roughen the surface and make cleaning difficult.

Soft hair brush attachments on a central vacuum system offer the best solution although those of the push broom variety give satisfactory results. Jackets of medium weight flannel over the bristles of the latter will be found to be ideal on highly polished linoleum floors, which incidentally should be waxed and polished at intervals of ten days to three weeks according to the wear to which they are subjected. Certain types of linoleum, especially the cork variety, will wear better and give a more pleasing appearance if they are covered with several coats of a good grade of clear lacquer.

Mopping a floor that has been previously vacuum cleaned or thoroughly brushed will be found to be far more easily and quickly accomplished than one that has not. A soap or cleansing powder containing no free alkali should be used; water should be changed frequently, and a small area should be mopped and dried before the next portion is begun.

Save on Refinishing Metal Furniture

The following method for refinishing metal furniture has much to recommend it. Two sheet metal tanks, large enough for the immersion of the metal furniture, and a spray gun, operated by compressed air furnished by a small compressor are the necessary equipment. One tank should contain a caustic solution for stripping, the other, a clear circulating water for rinsing. Both must be kept hot by means of a steam coil.

Rinsing must be carefully done so that every trace of caustic solution is removed from the outside as well as inside surfaces. An under-coat is then sprayed on, followed by two light coats of lacquer. It is finished off with a rubbing compound. Specifications for these materials can be supplied by a reputable manufacturer of such products.

The U. S. Department of Labor specifies certain requirements when lacquer spraying is done and should be consulted when such work is contemplated. This method of refinishing has good end results and is economical because it cuts labor costs.—Walter Mezger, Knickerbocker Hospital, New York City.

VITAMIN UNITS AND STANDARDS

• The past five years have brought agreement between biochemists of the various nations as to suitable units and standards of reference for most of the vitamins essential to man. The practice of expressing the vitamin potencies of foods and other biological materials in terms of *International Units* is, therefore, fast becoming universal.

Believing that these units and the standards upon which they are based would be of interest to our readers, they have been tabulated and defined below (1):

Vitamin A

The reference standard is a solution of pure beta-carotene in an inert oil, of such concentration that one gram of solution contains 300 micrograms (0.300 mg.) of beta-carotene. The International Unit, or I.U., of vitamin A is the vitamin A activity of 2 mg. of this standard solution, or 0.6 micrograms of beta-carotene.

Vitamin B1

The reference standard is the concentrate produced from rice polishings, by a specified adsorption method, in the Medical Laboratory of Batavia (Java). The International Unit for vitamin B₁ is the vitamin B₁ activity of 10 mg. of this standard adsorption product.

Vitamin C

The standard of reference for vitamin C is a specified sample of pure levo-cevitic acid (levo-ascorbic acid). The International Unit for vitamin C is the vitamin C activity of 0.05 mg. of this standard.

Vitamin D

The reference standard for vitamin D is a solution of irradiated ergosterol, prepared under specified conditions at the National Institute for Medical Research (London). The International Unit for vitamin D is the vitamin D activity of 1.0 mg. of this standard solution.

These International Units for expressing vitamin contents have been specified in the most recent Pharmacopoeia of the United States (2) as well as by the Council on Pharmacy and Chemistry (3) and the Council on Foods of the American Medical Association (3), and provision has been made for distribution of the standards in this country (4).

These units have been used to express vitamin potencies in recent studies on canned foods, the results of which further emphasize the fact that these foods rank among the most important sources of the vitamins essential in human nutrition (5), (6), (7).

AMERICAN CAN COMPANY

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(1) 1935. Nutrition Abstracts and Reviews 4, 709.
(2) The Pharmacopoeia of the United States of America, Eleventh Decennial Revision, p. 261.

(3) 1936. Report of the Council, J. Amer. Med. Assoc. 106, 1733.
(4) 1935. J. Assoc. Official Agr. Chem. 18, 610.

(5) 1935. J. Home Econ. 27, 658.
(6) 1936. Food Research 1, 223.
(7) 1935. J. Nutrition 9, 667.

This is the nineteenth in a series of monthly articles, which will summarize, for your convenience, the conclusions about canned foods which authorities in nutritional research have reached. We want to make this series valuable to you, and so we ask your help. Will you tell us on a post card addressed to the American Can Company, New York, N. Y., what phases of canned foods knowledge are of greatest interest to you? Your suggestions will determine the subject matter of future articles.



The Seal of Acceptance denotes that the statements in this advertisement are acceptable to the Council on Foods of the American Medical Association.

Hotel *Versus* Hospital Housekeeping

By Sabina Weiss

Housekeeper, Hotel Kahler, Rochester, Minn.

ARE hospital and hotel housekeeping management built on the same basis? This question is frequently asked and may be answered affirmatively. The problems of housekeepers very nearly parallel each other in one respect or another. Though the fundamental theory is the same, the procedure cannot always be carried out in actual practice, however, for a patient ultimately requires more care, linen and service than does the regular guest.

Linen, linen control, laundry and cooperation are the essential questions in the successful management of either a hotel or hospital. The Hotel Kahler is unique in that it combines the services of both types of institutions, catering to transient guests, convalescent patients and nurses.

Linen Divided Three Ways

From one large main linen room is distributed all of the necessary linen that may be needed any place in the building. It is divided into three distinct parts because of the many different departments which must be kept supplied with linen. The hospital, hotel and nurses each have their own linens and a well divided linen room makes it possible to keep them separated. Quite important are iron-clad rules and regulations to perpetuate the system of control. In the event a nurse wants linen for a patient, she must return the exact amount which she has removed from the room. In this way there can be no mistake in the count at the end of the day. We know at all times how much linen is on hand and how much is in service. It is the work of only a few minutes to count up the amounts that have been issued each day and it is a positive check on where the linen goes.

Nurses sometimes present a problem in connection with linen control that may be easily overcome if one has the foresight to come to a perfect understanding with the superintendent of nurses and let her introduce the system.

In Rochester, the regular nurses are trained to use linen properly and not to an excess, which is a common failing of the newly graduated nurse. Notwithstanding, every floor nurse has an ample supply of clean linen on hand at all times, as this makes extra trips to the linen room unnecessary. The only consideration asked is that the nurse exercise good judgment

in its use and be as economical as possible.

Three floors in the Hotel Kahler are exclusively occupied by graduate nurses. They vary in number, of course, but at times there are as many as 140 nurses at one time. They live mostly in double rooms. Little difficulty is experienced in enforcing the linen control on these floors—a brief note on their bulletin board is usually sufficient to tell them of any change in regular schedule. They live up to these notices without much ado.

It is hard at times to make the transient nurse understand that strict regulations must be obeyed if she is to get the kind of service to which she is accustomed. When she is once made to understand that this control is used not only to cut down the waste on linen but to keep the amount in circulation at a minimum and save her many unnecessary steps, she is easily won over. The hard part is to make her see this of her own free will. After a few attempts on her part to outwit the linen room supervisor she decides that the way to get along without trouble is to obey the rules to the letter. These same nurses, who are so reluctant to start with, are the ones that before leaving ask for a detailed record of the system of control. Many times they state that they would like to see the same system installed in their home hospital.

An Inventory Is Taken

Linen control as practiced at Rochester is a simple matter. To understand how it functions is to be master of the system. In the first place a detailed inventory is made of every piece of linen in the hotel or hospital. Every room is completely furnished and the beds made up. The first time that linen is needed the nurse in charge calls in the linen room for the exact amount that she has returned. It is counted and placed in a bag provided for her rooms. This equal exchange does away with the popular habit of having superfluous linen tucked away in the bottom drawer of some dresser. This is, of course, unnecessary, and is a great obstacle in keeping the linen count accurate. Any extra pillows, blankets, or linen that she may need are written on the slip which shows to whom it was given and she is naturally held responsible for it as long as it is charged to her rooms.

The superintendent nurse of the convalescent floor writes out a requi-

sition every morning, stating what amounts of linen she will need for the day. This includes ice bag covers, hot water bottle covers, bath blankets and binders. She has her own linen bag especially marked in which she sends down all linen when soiled. While the oxygen chambers are in use, it is often necessary to have several requisitions filled in a day. Regardless of the number of times their linen is replaced it is always an equal exchange and in that way all linen used is properly accounted for. Nothing is at any time thrown down the linen chute haphazardly, every item being checked and placed in numbered bags.

The most common losses in linen have been found by all housekeepers to be cut to a minimum by an efficient inventory. However there is one loss that should be mentioned and that is the loss of sheets. It was found that when an undertaker removed a body from the building he was apt to wrap it in several sheets. In the excitement common to funeral homes, the sheets were tossed away and forgotten unless especially asked for by the institution whose linen stock suffered in consequence.

Eighteen Were Missing

A gradual loss of sheets was discovered, for example, in the Colonial Hospital at Rochester. After careful checking, the various undertaking establishments were called and asked to return the linen. They had in their possession from eighteen to twenty sheets. It can readily be seen what a shortage that would create in a rapidly moving linen stock.

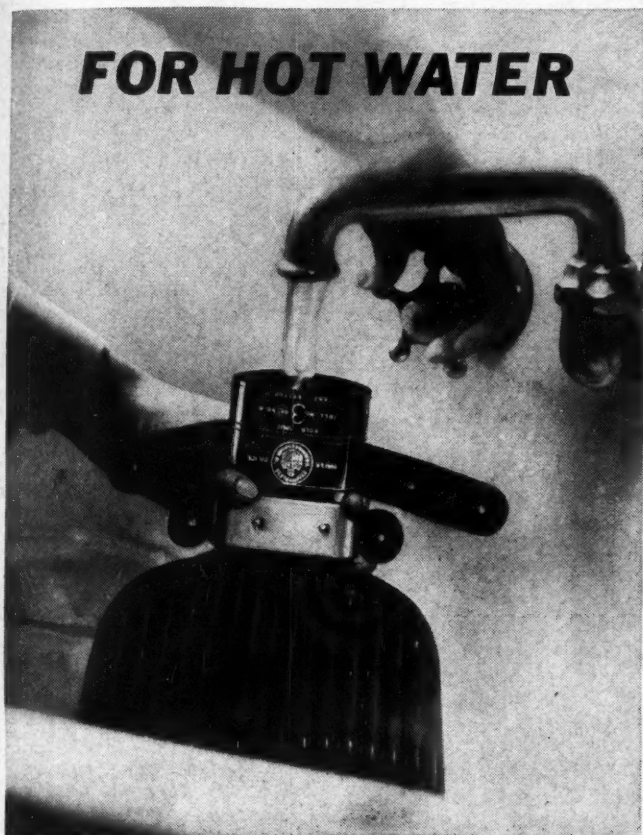
It is important indeed that a nurse in charge of any unusual case report to the housekeeper at once. An immense saving is shown on the records when this information is available. The medicines used in many cases not only spot but ruin the linen beyond repair. Some of the stains cannot be removed regardless of the chemical processes they are subjected to. As soon as it is known that a patient using these medicines has been registered, the nurse is sent a complete change of linen especially put aside for such emergencies instead of leaving the room equipped with good linen. A patient who must be massaged with oil every few hours presents a problem for the nurse, because she must be constantly aware of the bedding used. She must remember to remove the extra blanket from the bed before the treatment is started if she is to keep it from having finger prints of oil on it.

The pillows, too, must be given some consideration lest they become saturated and stained with medicine. Tansy, a preparation used on burned patients, as well as balsam of Peru are two medications which cannot be

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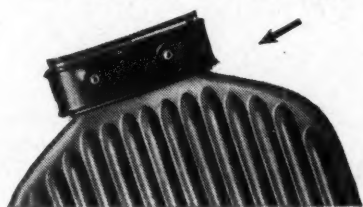


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removed from the hospital linen, whereas the most common stains in hotel work are those of colored nail polish, lip rouge and other cosmetics.

Good laundry service is important. Speedy delivery and efficient work in the laundry are nearly as necessary as a good linen control. The clinic at Rochester is an example. The building is comprised of eleven floors filled to capacity with doctors' offices and examining rooms. This particular institution receives two deliveries of clean linen each day. Calls are made at nine o'clock each morning and two o'clock each afternoon. The return deliveries are made at nine and eleven o'clock each day.

Two seamstresses are maintained for the sole purpose of taking care of the needs of the surgical department. Their time is well monopolized, as may easily be imagined when it is considered that every article made by them is produced in quantities of not less

than 100 pieces. Face masks, ether jackets, doctors' caps, binders and drapes are some of the articles turned out by these busy women. Towels are made and placed in bundles of 500 of each kind. There is always a surplus available at a moment's notice. In fact, so many are kept in reserve stock that the entire surgery could be refurnished in a few minutes' time.

The hotel housekeeper has much to learn in connection with hospital routine. To accomplish this knowledge it is well for her to associate as much as possible with nurses in order to understand their point of view. Attendance at their meetings and lectures, for example, provides a clear conception and vivid insight into many problems with which they are confronted. The cooperation and sympathetic understanding of other department heads will also prove of valuable aid in establishing the housekeeping department on a sound basis.

THE HOUSEKEEPER'S CORNER

• Those attending the November meeting of the Philadelphia chapter of the NEHA were privileged to hear a hospital superintendent outline the relations of a housekeeper to the hospital. The speaker, Frank B. Gail, is not only well known as the superintendent of West Jersey Homeopathic Hospital, but also as Mrs. Dungan's chief, which made his appearance doubly welcome. Mrs. Dungan, by the way, explained that classes on interior decorating are starting at the Pennsylvania Hospital. Members were also much interested in the remarks of Mrs. Katherine Peileke of University Hospital on the lecture and demonstration of flower arrangement which was a feature of the NEHA program at the Hotel Exposition in New York.

• A comparative analysis of hospital and hotel housekeeping management featured the October meeting of the Chicago branch of the NEHA. This was presented by Mrs. Alta LaBelle, Michael Reese Hospital, and the discussion was lively and instructive. Mrs. LaBelle's paper will be published in the January issue of *The Modern Hospital*. About thirty members were present and hospital housekeepers were interested in examining a sample of a new transparent rubberized material which is being used for making oxygen tents. One housekeeper said she had found this material valuable for covering pillows of patients who had had head injuries.

• Wheel chairs at Michael Reese Hospital, Chicago, have recently taken on a more inviting appearance than the average wheel chair has. For-

merly when a chair was to be used it was the hospital's practice to place an ordinary bed pillow on the seat and another on the back of the chair. Recently leather covered pads fitted to the size of the seat and the back of the chairs were made in the hospital's upholstering division and have been placed in service. This makes the chairs infinitely more comfortable and adds greatly to their appearance as they stand around in the corridors. A deep ivory colored washable leather was chosen for the covering, piped with a contrasting color—brown or green. The pads are filled with a combination hair and rubber product. Similar pads are being made for use on the carts that take patients to the operating room. In the past these have been covered with a black rubber pad, over which a sheet was placed.

• That was a program which the NEHA presented at the National Hotel Exposition in New York, October 26 to 30. The complete report is given on page 114. Why can't such helpful talks be included in the program of the next NEHA meeting in Cleveland? Seen in the audience were: Sabina E. Weiss, Kahler Hotel, Rochester, Minn.; Alma K. Rose, Payne Whitney Clinic, New York; Ruth Parker, Sheppard and Enoch Pratt Hospital, Towson, Md.; Louise Leturc, Bronx Hospital, New York; Mabel L. White, St. Luke's Hospital, New York City; Mary V. Barnett, instructor at Essex County Hospital, Cedar Grove, N. J.; Nora Trice, Overlook Hospital, Summit, N. J.; Eva A. Wright, Muhlenberg Hospital, Plainfield, N. J.; Mrs. L. O.

Sirois, Kings County Hospital, Brooklyn, N. Y.; E. Osborne, Willard Parker Hospital, New York City; Doris L. Dungan, West Jersey Hospital, Camden, N. J.; Katherine F. Peileke, University Hospital, Philadelphia; Althea C. Berry, Albany Hospital, Albany, N. Y.; Emma W. Pearse, Knapp Memorial Hospital, New York City; Anna Harrell, Irvington General Hospital, Irvington, N. J.; Edna A. Walton, New York Hospital, White Plains, New York; Mary McNutt, Memorial Hospital, New York City; Martha Washburn, New York Hospital, White Plains, N. Y.; Mary W. Northrup, King County Hospital, Seattle, Washington; Justine Krieman, Mary Immaculate Hospital, Jamaica, L. I., N. Y.; Gwen Barnett, New York Hospital, White Plains, New York; Mary Schaeffer, Tompkins County Memorial Hospital, Ithaca, N. Y.; Blanche I. Newton, Grace Hospital, New Haven, Conn.

• Friends of Annette Ortlip will be interested to know that after having served approximately fifteen years as housekeeper at the Philadelphia Hospital for Mental Diseases, Byberry, she is retiring to private life. Her address will be 5619 Willows Avenue, Philadelphia.

Room Inventory for Housekeeper's Office

A system of room inventory has been evolved by Jane VanNess, executive housekeeper, which permits her to have at her finger tips full details regarding size, furnishings and lighting of any of the rooms in her institution.

Based on a card system, with a card for each room, the inventory has proved useful in many ways. For example, if Miss VanNess wants to order glass curtains for Room 200, she merely opens her card file to the card headed Room 200 and reads, "size of glass curtains, 2¼ yards (finished)." If she orders a paint job for the same room, the painter is able to estimate the space to be covered from the information that is written on the card.

The card, according to *Hotel Monthly*, carries on it the three dimensions of the room; its exposure; the number of radiators; number of windows; size of glass, of window shade, of glass curtain rod and of drapery rod; size of glass curtains and of drapes; size of carpet; number and kinds of lamps; finish of furniture and a listing of individual pieces with their sizes; size of clothes closet; description of bathroom, including type of floor, wainscoting and finish of walls, size of bath, size of window, size of window glass, of window shade, curtain rod and curtains.

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BROMIDES

RESUMÉ OF THERAPY

OSBORNE and Fishbein use bromides in whooping cough. . . . Rusby, for inducing sleep To quiet muscular restlessness (Clendening) The literature cites bromides in nervous dyspepsia, diarrhea, infant colic flatulent, functional hypertension, asthma, dysmenorrhea, tetanus, etc.*

You can always assure yourself of Bromides of the utmost purity, stability and exact potency by specifying, on your prescriptions, M.C.W.—(Mallinckrodt). Mallinckrodt Sodium, Potassium and other Bromides are uniformly of exceptional quality—dissolving quickly and cleanly. Physical and chemical structure always standardized and laboratory controlled.

Your prescription pharmacist will dispense Mallinckrodt Bromides on your prescriptions if you indicate your preference by specifying M.C.W.

*A new brochure "Bromides—Resumé of Therapy" gathered from the latest clinical literature gives useful information on this valuable form of therapy. Send coupon for your copy.

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Please send me, without charge or obligation, your
new booklet "Bromides—Resumé of Therapy."

.....M.D.

Address.....

City.....State.....

FOOD SERVICE

Conducted by Anna E. Boller, Rush Medical College

Christmas Dress for the Tray

By Beulah Hunzicker

Director, Dietary Department, Presbyterian Hospital, Chicago

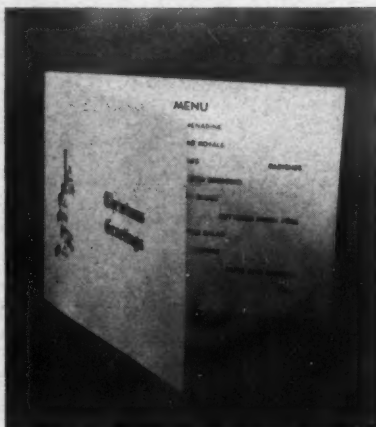


For the ward tray a simple favor may be made by cutting two Christmas trees from heavy green paper. Trees are sewed together so the favor stands.

CHRISTMAS, season of good will and cheer, is fast approaching. To many a patient the prospect of spending Christmas in the hospital is disheartening. And yet at the end of the day the patient may say, as one did in describing her hospital Christmas: "It was the happiest Christmas I can remember. My husband, son and I were all patients. My other children came in for dinner which was served in my son's room." The patient went on to describe the table, menu and favors, and finished by saying "We all had such a good time."

At no time of the year and in no other hospital project is so much common interest shown as is aroused by the Christmas preparations. Members of other departments are frequent visitors to the diet kitchen to view the progress from day to day. Certainly no other department has more opportunity than the dietary department to serve the patient at Christmas. Each tray can be a festive occasion, each one a new surprise.

Festivities may begin with supper

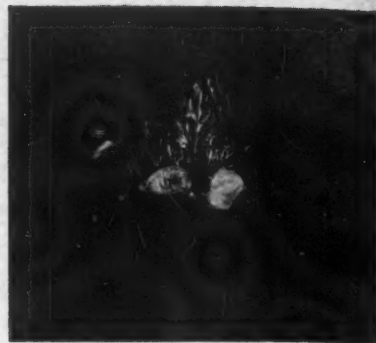


On the day before Christmas a greeting card on which is printed the Christmas dinner menu is taken to each private patient.

on Christmas eve. On this occasion cookies and a salad can be used to arouse the Christmas spirit. The salad may be the candle salad with an almond wick which can be lighted as the tray goes to the patient's room. Or it may be a Santa Claus salad, which every dietitian has learned to make of a red apple with raisins on toothpicks for the arms and legs, pecans



A marsh mallow placed inside a soufflé cup supports a red candle.



A soufflé cup covered with red cellophane with a spray of silver holly is effective on the tray.

for the feet and hands, a decorated marshmallow for the head. The children especially like this salad. The cookies may be a large ginger Santa Claus with a Santa sticker for the face or a decorated animal.

Tray favors are always popular for holiday use and Christmas is no exception. For supper on the private room trays, a Santa Claus coming down the chimney can be used. The chimney is of green paper marked with a white pencil to represent bricks. Santa is of red paper, with India ink used to draw the hands, sleeve line and belt. The face is made of white stickers. Cotton used for fur and whiskers helps to make a realistic Santa which amuses the patients. Cotton is also used to fill the top of the chimney.

For the ward trays, a more simple favor may be used, and a Christmas tree cut from heavy green paper, with a greeting printed in white ink and a red candle fastened in the center with colored string or ribbon. Or two trees may be sewed together and folded back so that the favor will stand. This tree can be decorated in any number of ways. The children always enjoy the decorated gum drop and marshmallow Christmas tree. This is made by sticking a green toothpick (tinted with vegetable coloring from the pas-

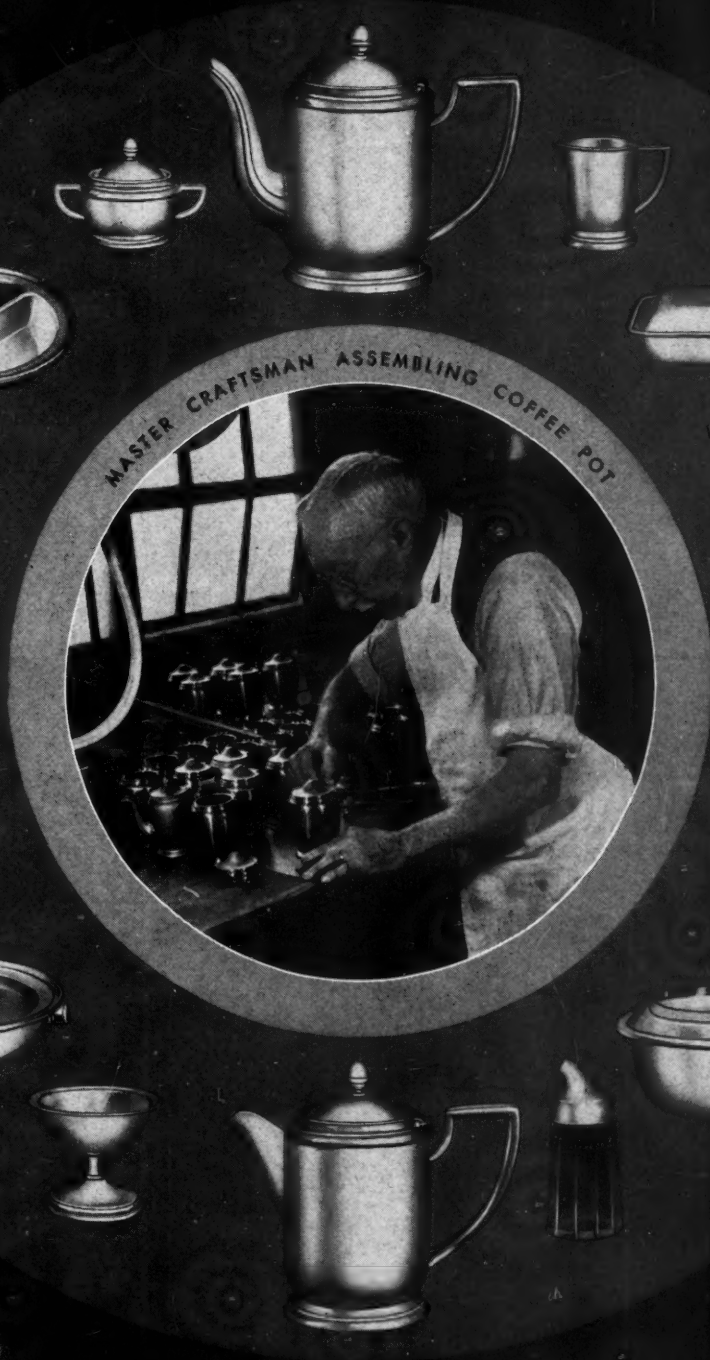


A red paper Santa Claus comes down a green paper chimney.

Gorham

Hospital Silverware priced exceptionally low
...but Gorham craftsmanship in every detail.

Inquiries Solicited



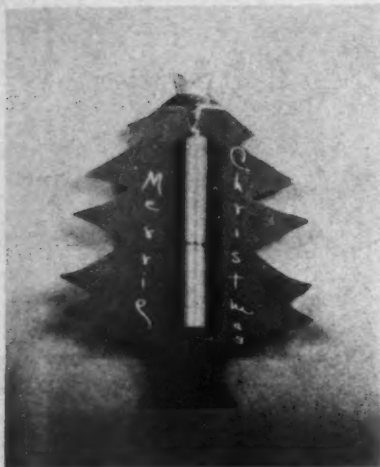
THE GORHAM COMPANY

HOSPITAL DIVISION

CHICAGO
10 South Wabash Avenue

NEW YORK
6 West 48th Street

SAN FRANCISCO
972 Mission Street



This green paper Christmas tree has a greeting printed in white ink and a red candle fastened in the center with colored string.

try shop) into a green gum drop. Dip gum drop into egg white and then into colored cake candies. Stick the other end of the toothpick into a marshmallow.

The candle which carries a special greeting is the type of favor we like best for our Christmas morning tray. This may be made by inserting a small red candle into a green gum drop or marshmallow with a lifesaver acting

as the handle of the candle stick. Or the holder may be made of a crêpe paper soufflé cup and marshmallow, supporting a larger candle. If the base is made of a strip of red and green crêpe paper, an interesting effect can be produced. Cut strips of paper two inches wide and about ten inches long. Sew the red and green strips together along one edge and shirr to form a circle or base. Slit the paper every quarter-inch almost to center of circle. Glue a small soufflé cup which has been covered with red crêpe paper to the center of the base. Place a marshmallow in the cup and insert a red candle in the center. For a handle use covered wire or a strip of heavy red paper, half an inch wide, glued to top end and bottom of cup.

The menu for breakfast may be varied. Christmas stollen, a German variety of coffee cake made at Christmas time, helps to make the breakfast a true part of the holiday.

The Christmas dinner is the gala meal of the hospital year. The traditional roast turkey with cranberry sauce, star salad, a dessert usually of the frozen variety served with dainty Christmas cookies, are all a part of every Christmas dinner.

The favor for the Christmas dinner is of the nut cup variety filled with raisins, nuts and candy. For the private room trays a soufflé cup covered

with red cellophane, with a spray of holly in silver cloth, makes an effective addition to the tray. Use five pieces of red cellophane three inches square; fold the squares somewhat as you would your best handkerchief for your uniform pocket, space the folded square around the soufflé cup so that the outer edge is entirely covered. Fasten the squares in place with a strip of glued paper. For the wards, a soufflé cup covered with red crêpe paper, with a spray of holly or a Santa sticker, filled with nuts, raisins and candy makes a nice favor.

The patient's supper can be simple, beginning with oyster stew, and the dessert may be fruit and cookies or fruit cake. The favor for supper, if used, should carry out the simplicity of the rest of the meal. A spray of holly, mistletoe or fir, tied with ribbon or colored cord, adds a colorful touch to the supper tray.

The serving of guest trays to patients desiring them is one feature of Christmas at Presbyterian Hospital. On the afternoon before Christmas a greeting card on which is printed the Christmas dinner menu is taken to the patients by a member of the dietary department. At this time arrangements may be made for guest trays so that many patients find it is not necessary to be separated from their families at Christmas.

Food Frauds Unmasked

By Helen S. Mitchell

Research Professor in Nutrition, Massachusetts State College
Agricultural Experimental Station

ARE we more gullible today than our grandfathers were in spite of scientific progress and modern civilization? Barnum said the American people liked to be humbugged and perhaps they do for amusement but in matters vital to health it is a dangerous form of amusement. The intelligent consumer today wants the truth about products especially foods. Does he get it from advertisers? Not always. Be skeptical of extravagant claims. I repeat, be skeptical of what you read or hear from unreliable sources.

There are styles or fashions among food fads as in every other field. Reducing régimes are particularly popular. There are three types—you should recognize them if you don't want to be humbugged. First there are the laxative salts, drugs and teas which cause the loss of large volumes

of water—the weight loss which is temporary is not fat loss—lost water will return the moment you drink more water. Furthermore, these devices are dangerous. Of course, if the advertising recommends a sensible low calorie dietary régime along with the remedy, you may lose real flesh, but that is the result of diet and in spite of the remedy.

A second type of reducing remedy bases its entire success upon the dietary régime recommended; the food concentrate offered at an exorbitant price is merely a money making hoax, a fraud, but usually it is not very dangerous. Stardom Hollywood Diet, Sylvette and Min-a-min are examples of this type of thing. Be skeptical of such. This is an expensive way to reduce.

A third type of reducing remedy is effective but dangerous. These prod-

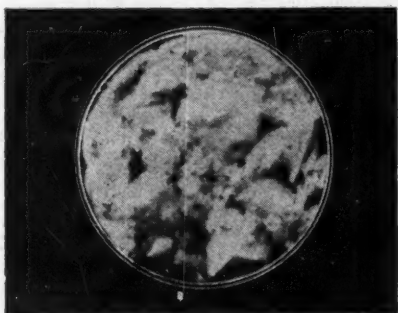
ucts contain either thyroid substance or the drug, dinitrophenol. Both of these products force the body machine to work harder—we say whip up metabolism and thus lose weight—but in so doing thyroid stimulation may injure the heart or cause other serious damage. Dinitrophenol has an insidious or cumulative effect and may cause blindness due to rapid cataract formation. Increasing numbers of cases are being reported. Thyroid may be prescribed by a physician in certain cases, dinitrophenol products are best avoided no matter who advises

"Be wary of reducing diets,"
says Miss Mitchell who realizes the dietitian's opportunity to combat food fads and quack remedies for nutritional diseases. Her article presents facts the dietitian should know if she is to do her part in correcting prevalent wrong ideas

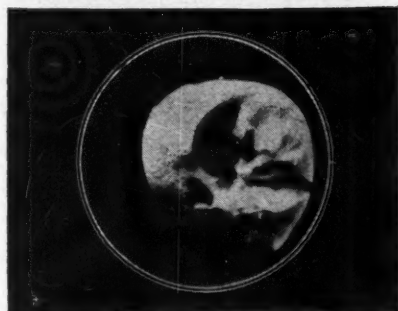
IN VOMITING OF INFANTS

KNOX GELATINE

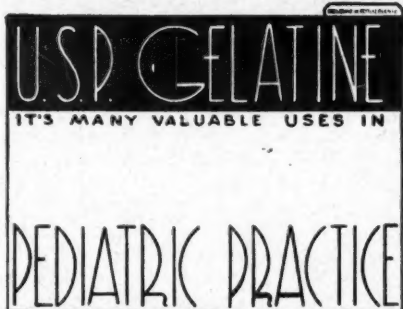
REDUCES MILK CURD TENSION 50%



With gelatine, soft, flocculent milk curds



Without gelatine, hard, indigestible milk curds



Note to Hospital Supply Buyers

● Knox Sparkling Gelatine is economical—one ounce makes 4 pints. Knox Plain Sparkling Gelatine and KnoxJell, the quality, ready-flavored dessert in six delicious flavors, cost approximately the same as inferior varieties which are not as pure nor as scientifically made. Why not insist on Knox when you order?



KNOX SPARKLING GELATINE

ONE per cent of Knox Gelatine added to the formula reduces milk curd tension over 50%. The curds instead of being tough and leathery, are emulsified—made softer and finer. This is an obvious advantage in vomiting.

Colloidal Protection—Knox Gelatine has an effective colloidal action. It helps to emulsify ingested fats. Gelatine also serves as a protective agent when combined with fruit juices or with strained and raw foods.

Growth Promotion—Knox Gelatine contains 85% of easily digested and assimilated protein, rich in lysine—a growth-promoting amino acid. Thus, it is a valuable supplement to the protein content of the diet.

Knox Gelatine is made as carefully as an ampule solution, surpassing in all respects the minimum U. S. P. requirements; pH about 6.0; contains no carbohydrates; bacteriologically safe.

Formula for Modification of Milk with Knox Gelatine

Sprinkle two envelopes of Knox Gelatine on 4 ounces of cold water. Allow to soak for ten minutes. Add 6 ounces of boiling water and stir until dissolved. Add 20 ounces of milk and 1½ ounces of carbohydrate.

Send for this new, pertinent booklet. Mail coupon today.

KNOX GELATINE LABORATORIES
465 Knox Avenue, Johnstown, N. Y.

Send me your new booklet—
The Use Of Gelatine in the
Routine Feeding Of Infants.

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St. & No.

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them. The sane way to reduce is to make a point of eating less food of the high caloric type.

Special food combinations are offered as remedies for a variety of chronic diseases. The Hay diet, of waning popularity, has had a longer life than most. The American Medical Association comments that it might better be called the "haywire diet." Benjamin Gaylord Hauser, Martin Pretorious, P. L. Clarke, the Brinkler School and others I might name each offers specific dietary régimes which would seem to work with mysterious magic. You listen to the warning that "foods may explode in the stomach" or that "the heavy user of starches and sugars if he combine these with either acid fruits or with meat or eggs can get up a very sizeable jag from the alcohol generated in his stomach." There is no scientific basis for such hocus pocus. Be skeptical of such scare advertising and of extravagant claims for the cure of disease by such weird dietary notions.

You may have tried one of these diets yourself and claim certain benefits. You will say that I do not know what I am talking about. But I repeat—the major emphasis is not the actual facts expounded by these self-styled nutritionists is misleading and holds out false hopes to the sick and ailing. The possible benefit seemingly derived from any of these régimes may arise from the fact that the variety of foods eaten is an improvement over the previous diet—more fruits and vegetables perhaps. There is no virtue in eating them in a prescribed order or combination. An adequate balance of needed food elements including minerals and vitamins is the important thing.

Doesn't Believe in Magic

Likewise there are no magic short cuts to gaining weight, muscle power, beauty or brains. This is a law abiding world and these desirable attributes are either inherited or acquired according to natural law. There is no mysterious formula such as some vendors of yeast, kelp products and fish meal and other commodities would have you believe.

Another age-old fallacy—fasting cures! Fasting régimes have been heralded as cures for smallpox, appendicitis, pernicious anemia, colds, rheumatism, and so-called acidosis. To be sure there are digestive disturbances in which food becomes distasteful and may well be left alone until natural appetite returns but there is no magic in fasting as a cure for disease.

"Acidosis" and "acid stomach" scares constitute the advertising lingo for a number of digestive remedies and dietary régimes. The stomach is normally acid—you would not digest your food well if it were not. You

are more likely to have too little than too much. If you have chronic digestive disturbance consult your physician. Acidosis, a condition of the blood, is not a common disease because our bodies have the necessary mechanism for disposing of excess acids and alkalies which may be derived from food. There is little need for worrying if the diet is reasonably well balanced. Money is usually wasted in self-medication. When true acidosis does accompany some other disease it is a problem for the physician to manage.

Don't Fool Around With Quacks

Perhaps the most dangerous of all food fads and quackery are those which claim to cure any or all of the list of diseases which are most puzzling to medical science. I mean cancer, diabetes, arthritis, rheumatism, hypertension, arteriosclerosis, heart disease and kidney troubles. Beware of any remedy advertised to relieve these conditions. Medical science is spending millions in research along these lines. Definite progress has been made and is being made and you will benefit just as fast as this information can be put in the hands of reputable physicians.

You lose time and money fooling around with quacks. Dr. Morris Fishbein, editor of the *Journal of the American Medical Association*, has said that there is a sucker born every minute and a quack every hour to take care of the sixty suckers. Don't be a sucker. Beware of doctors who advertise with neon signs and claim special knowledge and sure cures, or who explain that all disease is due to one cause. The quacks used to reach 10,000; by modern advertising methods they now reach 100,000 or more of the unwary.

Constructive efforts are being made by a number of agencies to discount and weaken the power of the quack and the faddist. They may always exist but they will not thrive if you do not lend them your patronage and support.

The Council on Foods of the American Medical Association is standing for ethical advertising, truth and nothing but the truth. That is what their shield-shaped seal of approval means. The Food and Drug Administration is doing all it can under the existing law but its power is limited. The American Dietetic Association has published articles and prepared exhibits on food fads and fallacies. These exhibits have traveled all over the country where large groups of people have found them interesting and instructive. Intelligent people want to be informed in such matters.

The American Public Health Association, consumer groups and various clubs have helped the cause along but the food faddist is an enthusiast and

it is hard to down him. He makes converts faster than scientific knowledge can be broadcast because the scientist is conservative, accurate—the food faddist quite the opposite. Put out of one state he starts in another, put off the air in the U. S. he starts up his own high-powered broadcasting station across the Rio Grande in Mexico and keeps on selling his products in the United States.

Of all the quacks, the food faddists are most prolific because they get the biggest following—it is a profitable business. Don't be a sucker. Be skeptical of extravagant claims. Consult not the man who has something to sell. Ask a reliable physician or dietitian for advice.

The science of nutrition is fundamentally sound and there are highly trained specialists whom you may consult.

RECIPES BY REQUEST

Submitted by

Winifred Erickson

Director of Dietetics, Ancker Hospital,
St. Paul, Minn.

Gumdrop Squares

- 1 cup gumdrops
- 1 cup chopped nuts
- 2 cups brown sugar
- 4 eggs
- 1 tablespoon cold water
- 2 cups flour

Beat the eggs, add brown sugar and cold water, and cream together. Add the sifted flour, beat well. Add the chopped nuts and gumdrops cut in small pieces. Spread on well greased and floured pan and bake in moderate oven for one-half hour. Cover while hot with the following frosting and when cool cut into squares.

- 1½ cups confectioner's sugar
- 2 tablespoons butter
- ½ orange (juice and rind)

Lemon Souffle

- 6 eggs
- 1 cup sugar
- Juice and rind of 1 lemon

Beat egg yolks with sugar until lemon colored. Add juice and rind of lemon. Beat egg whites until dry and fold into the lemon mixture. Turn mixture into a greased bowl or pan and set in pan of hot water. Bake in a moderate oven 30 to 40 minutes. Serve with the following sauce:

Mix together 1 egg and ½ cup powdered sugar and beat well. Add ¼ cup melted butter and ½ cup whipped cream.

Convalescents Require the High-Caloric Diet

COMMUNICABLE DISEASES		
Disease	Incubation Period (average)	Isolation Period (average)
Chicken Pox	12-16 Days	3-14 Days
Diphtheria	2-4 Days	After 12th Day— until cultures negative
Epidemic Meningitis	1st Week	Until cultures negative
Measles	2nd Week	Until 5 days from onset rash
Mumps	3rd Week	Duration of Swelling
Poliomyelitis	3-10 Days	21 Days
Rubella	3rd Week	Duration of catarrh and rash
Scarlet Fever	1st Week	After 21st Day— until cultures negative
Whooping Cough	2nd Week	Until 4 weeks from onset whoop

From
*American Journal
of Public Health—
March, 1927*

INFECTIONOUS FEVERS deplete the child's vitality. It is an exhaustion comparable to fasting. Convalescent children show a low metabolism for several weeks following the disappearance of the fever. The low metabolism is the consequence of generalized cellular damages.

When the infection clears, activity is curbed and rest periods instituted. The child is ready to gain. The problem is to bring about sufficient intake of food. The initial diet consists of small portions of each food prescribed and the amounts are gradually increased.

The high caloric diet is indispensable. It is made possible by reinforcing foods and fluids with Karo. Every article of the diet can be enriched with calories. A tablespoon of Karo provides 60 calories. Karo is relished added to milk, fruit and fruit juices, vegetables and vegetable waters, cereals, breads and desserts. Karo consists of dextrins, maltose and dextrose (with a small percentage of sucrose added for flavor), not readily fermentable, rapidly absorbed and effectively utilized.



Corn Products Consulting Service for Physicians is available for further clinical information regarding Karo. Please Address: Corn Products Sales Company, Dept. H-12, 17 Battery Place, New York City.

New Year's Eve Tray



Oyster stew (with minced parsley); cold plate—ham and asparagus rolls, sliced cheese, rolls, potato chips, getkin; poinsettia salad, cream cheese garnish; bread and butter; pink junket or red gelatine with cream and cookie; tea.—*Mary Edna Golder, dietitian, St. Anne's Hospital, Chicago.*

Tray for Ward Service



Illinois Central Hospital, Chicago, Mary K. Sorenson, Chief Dietitian.

FOOD FOR THOUGHT

• Ella M. Shaw of Helena Hospital Association uses a very simple and yet attractive Santa Claus for the Christmas tray. She got the idea from a girl who had just come to this country from Sweden. These Christmas favors are made of red yarn, tied in the middle, with bunches of yarn spread out



for the arms and legs and tied with a fine thread near the bottom. The hair and whiskers are made of white cotton, fastened on to a head of pink yarn on which is drawn a face. The caps may be made of red percale or heavy crêpe paper, and may or may not have a tassel of red thread. These are easily made, and groups of volunteers, such as the Girl Reserves, are usually willing to make them for the hospital.

• Those interested in relief work and public health work will be interested in the work being done at the Visiting Nurses Association in New Haven, Conn. Some interesting nutrition and budget information has been worked out. For example, the essentials of an adequate diet, "The Nutritive Nucleus," for adults, for children and for pregnant women are given. Budget hints are also offered, things to remember in calculating food orders, minimum food needs and many other fine outlines for normal nutrition on a low cost budget.

• For a person doing food work, Bulletin 373 of the Connecticut Agricultural Experiment Station at New Haven is important. In this are analyses for many of the commercial products which are found nowhere else. While a portion of the material is given over to the question of adulteration, there are many helpful suggestions about food products and methods used in selling them which would be of value to the dietitian who is doing the purchasing as well as the dietitian who is interested in the food value angle.

Tell your
patients, Doctor . . .

The Hot Whole
Wheat Cereal
Enriched with
Extra Vitamin B



that

*Ralston cooks
in 5 minutes*

Because so many mothers insist on using easy-to-prepare cereals, it's important that you remind them that Ralston cooks in 5 minutes. And of course, it's even more important to you and to your patients to know that Ralston is . . .

• A WHOLE WHEAT CEREAL . . . with only the coarsest bran removed . . . providing an abundance of the body-building, energy-producing elements that come from choice whole wheat.

• DOUBLE-RICH IN VITAMIN B . . . pure wheat germ is added to Ralston to make it 2½ times richer in vitamin B than natural whole wheat.

• PALATABLE AND ECONOMICAL . . . tastes so good that the whole family likes it—and each generous serving costs less than one cent.

RALSTON PURINA COMPANY, Dept. MH, 1764 Checkerboard Square, St. Louis, Mo.

Use Coupon For
Free Research
Laboratory Report

Please send me information that will be helpful in evaluating cereal diets as compiled in your Research Laboratory Report on Ralston Wheat Cereal.

Name _____

Address _____

(This offer limited to residents of the United States)

January Breakfast and Supper Menus

By Helen Mallory
Chief Dietitian, Mount Sinai Hospital, Cleveland

BREAKFAST

SUPPER

Day	Fruit	Main Dish	Soup or Cocktail	Main Dish	Vegetable or Salad	Dessert
1.	Tomato or Pineapple Juice	Bacon	Turkey Soup	Cold Roast Beef, Cold Roast Pork, Cheese	Vegetable Salad	Fruit Platter and Date and Nut Cookies
2.	Grapefruit	French Toast	Cream of Pea Soup	Corn Fritters With Bacon	Radishes and Celery	Baked Apples Stuffed With Raisins and Nuts
3.	Orange	Rolls and Jam	Cream of Vegetable Soup	Cheese, Egg and Meat Sandwiches	Waldorf Salad	Huntington Pudding With Whipped Cream
4.	Raw Apples	Fried Eggs	Tomato Bouillon	Meat Roll With Gravy	Celery and Olives	Chocolate Ice Cream
5.	Grapefruit	Poppyseed Sticks or Toast	Vegetable Soup	Chicken and Veal Noodle Mold	Fruit Salad	Boston Cream Pie
6.	Bananas	Toast and Jam	Potato Chowder	Cold Ham Loaf	Vegetable Salad	Frozen Strawberries and Marguerites
7.	Stewed Prunes and Apricots	French Toast	Vegetable Soup	Baked Beans With Bacon	Coleslaw	Pineapple and Oatmeal Cookies
8.	Pears	Cinnamon Toast	Bouillon	Chop Suey	Raw Carrots	Sliced Peaches
9.	Baked Apples	Snail Rolls	Noodle Soup	Baked Lima Beans, Pork Sausages	Beet Relish	Fruit Cup
10.	Grapefruit	Pancakes With Syrup	Cream of Tomato Soup	Deviled Egg Salad, Potato Chips		Apricots and Cake
11.	Tomato juice	Bacon	Bouillon With Rice	Veal Stew With Vegetables	Green Salad	Frozen Loganberries
12.	Oranges	Coffee Cake and Jam	Cream of Corn Soup	Shrimp Salad, Potato Chips		Mock Plum Pudding
13.	Stewed Figs	Soft Cooked Eggs	Barley Soup	Corned Beef	Potato Salad	Plums
14.	Grapefruit	Fried Cornmeal Mush	Vegetable Soup	Salmon Croquettes	Cabbage Salad	Fruit Gelatin
15.	Bananas	Vienna Rolls	Lima Bean Soup	Creamed Shrimps on Toast	Celery and Olives	Baked Apples and Doughnuts
16.	Oranges	Toast and Jelly	Vegetable Soup	Ham and Cheese Sandwiches	Pickles and Celery	Pears and Cinnamon Cake
17.	Prunes	Scrambled Eggs	Noodle Soup	Fresh Vegetable Sandwich	Raw Carrots and Celery	Chocolate Ice Cream
18.	Raw Apples	French Toast	Vegetable Soup	Ham au Gratin	Pineapple Salad	Gingerbread With Whipped Cream
19.	Grapefruit	French Sticks or Toast	Noodle Soup	Hamburger on Bun With Lettuce	Cabbage Salad	Pears and Cookies
20.	Apricots	Bacon	Cream of Corn Soup	Wiener With Finger Rolls	Raw Carrots and Pickles	Chocolate Nut Pudding
21.	Oranges	Pancakes With Syrup	Bouillon With Rice	Veal Salad		Vanilla Ice Cream With Chocolate Sauce
22.	Pears	Toast and Marmalade	Cream of Potato Soup	Fish Salad		Apples Baked With Orange Juice, Nuts and Marshmallows
23.	Bananas	Poached Eggs on Toast	Barley Soup	Creamed Veal on Biscuits	Carrot Relish	Cherry and Nut Ice Cream
24.	Grapefruit	Poppyseed Rolls	Cream of Spinach Soup	Baked Sweet Potato	Cottage Cheese Salad	Plums and Chocolate Cake
25.	Apple sauce	Cinnamon Toast	Vegetable Soup	Cheese Soufflé	Watercress and Curly Endive, French Dressing	Sliced Bananas and Oranges With Coconut
26.	Oranges	Maple Nut Rolls	Chicken Soup With Rice	Cold Cuts, Deviled Eggs and Cheese	Olives, Pickles and Celery	Fruit Cup and Cakes
27.	Grapefruit Juice	Soft Cooked Eggs	Bouillon With Rice	Escalloped Potatoes With Ham	Vegetable Salad	Peaches and Butter-scotch Cookies
28.	Baked Apples	Toasted Raisin Bread	Tomato Juice	Fried Liver	Coleslaw	Pineapple Milk Sherbet
29.	Grapefruit	Toast and Bacon	Cream of Celery Soup	Scrambled Eggs	Chef's Salad	Gold and White Dessert
30.	Prunes	Pancakes With Syrup	Creole Soup	Cold Tongue, Cold Roast Beef, French Fried Potatoes	Pickles and Olives	Prune Whip
31.	Orange Juice	Soft Cooked Eggs	Cream of Vegetable Soup	Escalloped Sweet Potatoes and Apples	Egg Salad	Grape Nut Ice Cream

Recipes will be supplied on request by Anna E. Boller, The MODERN HOSPITAL, Chicago.



Even healthy persons cannot relish coffee if these two "musts" have failed. What then of those whose constitutions are upset, whose psychology is awry, whose appetites are mulish?

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PRESIDENT



NEWS IN REVIEW

Rosenwald Fund Donates \$100,000 to A. H. A. for Group Hospitalization Development

A gift of \$100,000 by the Julius Rosenwald Fund to the American Hospital Association for the study and development of group hospitalization was announced on November 18 by Edwin R. Embree, president of the fund. This is the largest gift ever made to the association.

The study and development program will be carried forward for the next five years through a special committee on Hospital Service, appointed by the president of the association and the board of trustees. The chairman of the committee is Dr. Basil C. MacLean, Strong Memorial Hospital, Rochester, N. Y., and the other members are Dr. R. C. Buerki, Wisconsin General Hospital, Madison, Wis.; Dr. S. S. Goldwater, commissioner of hospitals, New York City; Msgr. Maurice F. Griffin, Cleveland, and Dr. Claude W. Munger, president of the American Hospital Association. Dr. C. Rufus Rorem is executive director.

The work of the committee will include two major phases: first, advice and consultation to existing plans of group hospitalization and those being formed concerning actuarial data, benefits, methods of organization, public relations and annual subscription rates; second, relations of hospital service plans to the medical profes-

sion, public welfare activities, state departments of insurance, private insurance companies, hospital administration and hospital accounting.

The new committee will take over the group hospitalization activities formerly carried on by the council of the A. H. A. Although all of the members of the committee are also members of the council, the committee will have an independent existence and will report directly to the A. H. A. board of trustees.

The funds will be payable over the next four or five years. The gift has been made for the general purposes mentioned without any further strings by the Rosenwald Fund.

It is expected that Doctor Rorem will have a small secretarial and statistical staff to act as a central service agency for hospital service plans throughout the country.

Doctor Rorem is a certified public accountant and was formerly associate professor at the University of Chicago. He was for several years a member of the research staff of the Committee on the Costs of Medical Care and is the author of "The Public's Investment in Hospitals" and joint author of "The Crisis in Hospital Finance," "The Costs of Medicines" and technical books on accounting.

New York's Group Plan Adds Mid-Hudson Section

Twelve hospitals of Dutchess County, New York, have formed the Mid-Hudson division of the Associated Hospital Service of New York to provide group hospitalization to members of their communities.

This division will be an integral part of the New York group hospitalization plan with the same services to members, premium rates and all other conditions as obtain in New York City. The Mid-Hudson hospital group will also have official representation on the board of trustees of the Associated Hospital Service.

An office is to be established at Poughkeepsie with whatever staff is necessary to carry on the group hospitalization work in the Mid-Hudson

territory. No capital outlay is being required of the hospitals.

The hospitals that have already indicated their intention to participate in this division are:

Butterfield Memorial Hospital, Cold Spring; Highland Hospital, Beacon; Vassar Brothers Hospital, Poughkeepsie; St. Francis Hospital, Poughkeepsie; Sadlier's Sanitarium, Poughkeepsie; St. Luke's Hospital, Newburgh; Hudson City Hospital, Hudson; Benedictine Hospital, Kingston; Kingston Hospital, Kingston; Cornwall Hospital, Cornwall-on-Hudson; Northern Dutchess Health Service Center, Rhinebeck, all in New York, and Sharon Hospital, Sharon, Conn.

In addition, the Memorial Hospital of Greene County, Catskill, N. Y., will probably join, although the board of trustees has not yet officially acted.

Modify Membership Rules in Rochester Group Plan

The Rochester Hospital Service Corporation, with 50,000 subscribers at the end of its first sixteen months, has recently liberalized its rules regarding admission of new subscribers. Formerly new subscribers working for a corporation which had membership in the plan could come in only in groups of ten or more. Hereafter any eligible employee will be admitted on the annual anniversary date of any firm's contract either singly or in groups.

The membership figures in Rochester as of November 1st, include subscribers and dependents, drawn from a total of almost 500 different employed groups. So far during the sixteen months, almost 2,500 patients have been admitted to hospital service under the plan at a cost exceeding \$100,000. The cost of administration and promotion of the plan has amounted to but slightly more than 12 per cent of the total income.

Fire in Records Room

Quick work on the part of a watchman and a receiving clerk at Cook County Hospital exterminated a fire started in the records room of the Chicago institution before much damage had been done. Smoke filled the corridors and wards on the main floor of the building, exciting patients, and nurses and attachés moved swiftly from room to room quieting them. So effective was the work of the two men in the flaming room that when the firemen arrived there was little to do but checkup. Case histories, as old as twelve years, are kept in this room, but the damage done was limited to empty file cases. It is thought the fire was started by a carelessly tossed cigarette.

Boxers' Meet Raises \$500,000

An all heavy-weight amateur boxing tournament was staged at Madison Square Gardens, New York City, for the benefit of West Side Hospital on November 23. The tournament was held in connection with a drive to raise \$500,000 to rebuild the hospital which is now too small to serve the congested area in which it is situated.

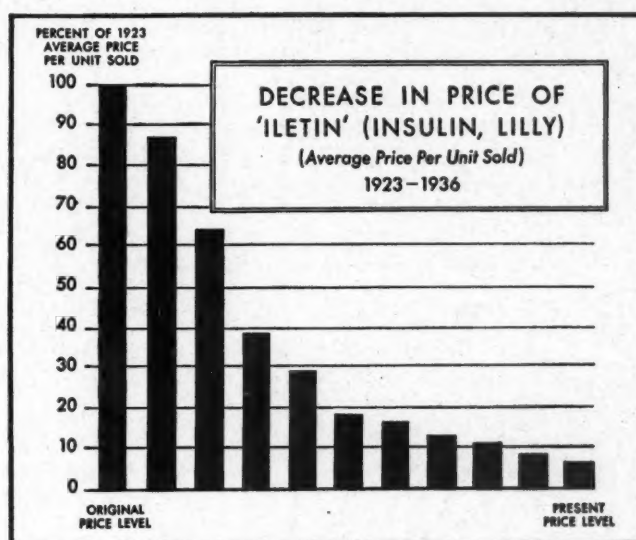
Fire—Patients Read of It

Firemen entered Mount Sinai Hospital, New York City, so quietly and extinguished a fire on the sixth floor of the building so effectively the 750 patients knew nothing of the blaze until they read about it in their morning papers.

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Doctors Talk to Indiana Catholic Hospital Group

Approximately 200 persons registered for the thirteenth annual convention of the Indiana Conference of the Catholic Hospital Association of the United States and Canada held in Kokomo, November 17 and 18, under the leadership of Sister Rose, superior of St. Vincent's Hospital, Indianapolis, and president of the association.

The program was so organized that surgeons, obstetricians, pediatricians, roentgenologists and pathologists were given an opportunity to present their views regarding the relationship of the hospital to their respective departments. Dr. H. M. Rhorer, surgeon, protested against the number of visitors permitted patients, and felt that too many flowers were a menace to the desperately ill. Dr. R. A. Craig, pediatrician, asked that all hospitals have adequate provisions for children and stressed the need for isolation units with cubicles.

The Rev. John W. Barrett, Illinois state director of Catholic Hospitals, Chicago, spoke to the conference on group hospitalization, emphasizing the fact that it has no connection with state medicine. Purchasing was discussed by Frank L. Hoess, president of the board of managers of the Lake County Tuberculosis Sanatorium, Crown Point, who urged that it be done on a contract basis rather than on the hit or miss plan. All of the officers of the conference were re-elected.

Hospitals in Allegheny County Organize Council

Representatives of twenty-one Allegheny County hospitals met recently in Pittsburgh to organize a hospital council for the county and to listen to a report on group hospitalization as carried out in various cities and the possibilities of beginning such a plan in Pittsburgh.

The purpose of the council is to promote intelligent planning and coordination in the field of community hospital service; to serve as a forum for the discussion of common problems and as a clearing house for the exchange of information looking to the advancement of service; to interpret to the public the function of hospitals and their place in the community, and to cooperate with all agencies concerned with the health and social problems relating to hospitals.

Members of the council, as organized, will be controlling and advisory. Controlling members will be those hospitals, both public and private, located in Allegheny County, which participated in the organization of the council or later became members.

Representatives of the official organizations of the medical, dental and nursing professions, the chairman of the board of county commissioners, the chairman of the board of poor directors, the directors of the department of public health and the department of welfare, the chairman of the committee on public health of the city council of Pittsburgh, and representatives from the Community Fund, the Federation of Social Agencies, the General Health Council, and the Public Health Nursing Association, will be advisory members. Not more than five representatives of the general public may be advisory members.

Ralph W. Harbison, president of the board of Presbyterian Hospital, was elected president of the council. H. Lee Mason, Jr., chairman of the executive committee of Allegheny General Hospital, Abraham Oseroff, director, Montefiore Hospital, and Arthur E. Braun, a banker, are vice president, secretary and treasurer, respectively.

Superintendent Fires on Robbers

Three bandits succeeded in holding up employees and visitors in the Methodist Episcopal Hospital, Philadelphia, and escaping with a \$4,000 pay roll despite the heroic efforts of Mae Middleton, superintendent, and members of her staff. Miss Middleton and Esther Orff, telephone operator, have been busy acknowledging tributes to their bravery in spreading the alarm. Miss Orff, standing at her switchboard within a few feet of the robbers, dispatched the news of their presence to the Electric Bureau. Miss Middleton held open the main doorway with one hand, while she blazed away with all six chambers of the gun she held in the other. Police reports indicate that the same gang has been involved in other crimes in the city.

Halfway Mark Reached

Halfway to being the third largest medical center in the United States, the Jersey City, N. J., medical center halted construction operations to lay the cornerstone of the second of its group of three skyscrapers, the medical building. Surpassed in size only by Bellevue Hospital, New York City, and Cook County Hospital, Chicago, the center will cost \$7,500,000 and have accommodations for a total of 1,154 bed patients and from 600 to 800 ambulatory patients. The first unit of the center, which is a city-county undertaking, is the twenty-two-story Hudson County Tuberculosis Hospital, already operating close to its capacity of 554 patients. The medical building will be twenty-one stories high and the clinical building sixteen.

BEQUESTS AND GIFTS

NEW LONDON, CONN.—Lawrence and Memorial Associated Hospitals are the recipients of \$400,000 through the will of the late Virginia Palmer, who wished the gift to be a memorial to her father, for a number of years president of the original Memorial Hospital Association.

CHICAGO, ILL.—The will of Alfred C. Meyer, late chairman of the board of Michael Reese Hospital, provides that \$51,000 of his estate be used to complete the payment of pledges made to the hospital in his lifetime. The rest of the estate is to be placed in trust for his widow, the principal eventually going to his children. If his son and daughter die without heirs, up to \$250,000 of the estate, if it becomes that large, will go to the hospital.

TAOS, N. M.—The estate of Mrs. Mabel Dodge Luhan, La Posta, has been given to the citizens of Taos for use as a hospital. The house on the estate was erected in 1928 at a cost somewhere between \$75,000 and \$100,000 and has never been occupied. It will be operated as a hospital by a group of business men and doctors, and its facilities will consist of two ten-bed wards, seven private rooms and an operating room.

PHILADELPHIA, PA.—The Methodist Episcopal Hospital is to receive \$25,000 by the will of the late Sarah Elizabeth Simpson. . . . When Andrew Blair died in 1898, he willed a portion of his estate to Presbyterian Hospital. Thirty-five thousand dollars from this trust has just been received by the hospital.

\$5,000 for Research

A gift of \$5,000 for research in medical problems at Sydenham Hospital, New York City, was revealed in the unveiling of a bronze tablet to the memory of Dr. Max Rosenthal, a founder of the hospital and instrumental in the construction of its new 200-bed building. The gift takes the form of the Dr. Max Rosenthal Fellowship Fund.

Auxiliary to Have Club House

In a house where Chicago society once waltzed to the music of Johann Strauss it will now dance again to a different, modern tempo. Mercy Hospital has purchased the old Henry Lytton house on Prairie Avenue for use as a guest house and headquarters for the women's auxiliary. The mansion was formally opened on November 21 as Mercy Club, with a buffet supper, games and a cocktail bar, the proceeds of the evening being used to furnish the club.

MODERN

Sanitation

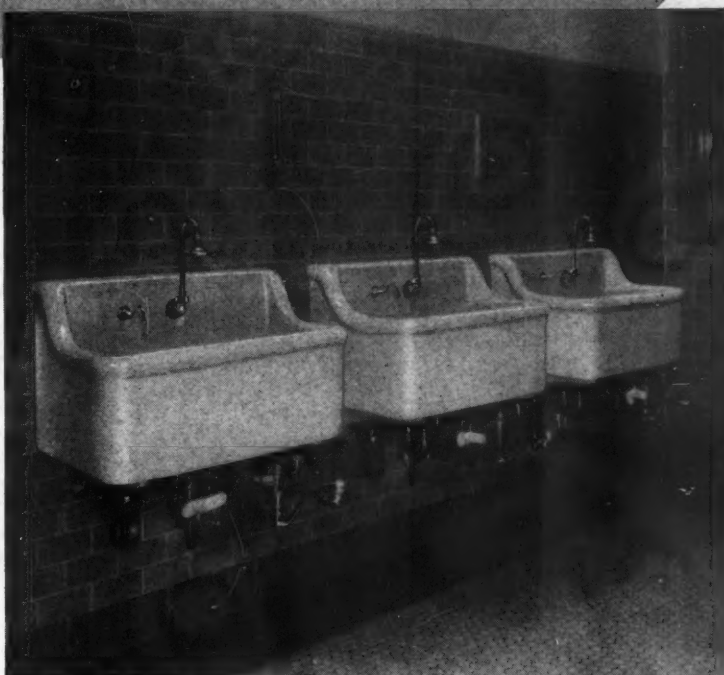
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Crane Co. maintains a corps of engineers well versed in surgical and hospital needs who are constantly studying changes in technique and their relation to plumbing requirements.

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NEW BUILDING PROJECTS

SACRAMENTO, CALIF.—Ground was broken on December 1 for the first of Sutter Hospital's three new buildings to be erected on an eleven-acre recently purchased plot, at a distance of two miles from the present building. When the program is completed, the present hospital will be used entirely for medical and surgical cases, with a maternity hospital, a pediatric hospital and a convalescent home caring for the specialties.

The maternity unit, the first to be constructed, will have accommodations for fifty-six private patients and is so designed that its expansion possibilities are almost unlimited. The building plan is such that the hospital will be divided into four nursing units of fourteen beds each, with two nurseries and an isolation room for each unit, as well as a utility room, maids' closet, linen cupboard, blanket warming closet, combination sink and cracked ice chest, and a medicine cupboard within six feet of the charting desk, to minimize the number of steps taken by nurses.

The delivery suite, surgery, nurses' workrooms, doctors' rest room and lockers will be in a separate wing so that no noise can be transmitted to the guest corridors. The building will be of reinforced concrete, fireproof, and shaped as a square Y. It will be air conditioned throughout, with automatic temperature and humidity control. The total cost of the structure is estimated at \$125,000. Its completion will release thirty rooms in the present hospital for medical and surgical cases.

PEORIA, ILL.—A 100-bed ward building and a diagnostic and receiving hospital will be erected shortly at the Peoria State Hospital at a cost of \$453,000. Both buildings will be one story high, according to the accepted plan for state hospital buildings, and will be constructed of brick. Patients will be kept at the receiving hospital for diagnosis for a thirty-day period before being assigned to a regular hospital ward.

INDIANAPOLIS, IND.—A service building unit, to house shops, storage space, staff dining rooms, physicians' cafeteria, main kitchen, and white and Negro employees' cafeterias, will be built at the Indianapolis City Hospital through funds appropriated by the PWA and raised by a bond issue.

CONCORD, N. H.—A one-story fireproof laundry building is about to be constructed at the New Hampshire State Hospital at a cost of \$83,034, which includes an estimated \$22,000 for new machinery. The present laundry, equipped twenty years ago, is no longer adequate to meet the hospital's

needs. The new building will be 159 feet long and 59 feet wide, with an ell 57 feet by 52 feet.

ALBANY, N. Y.—For the first time since it was constructed in 1898, Pavilion C at Albany Hospital is to be remodeled. The program calls for the expenditure of \$21,000 for a thermostatically controlled heating system, modern gas facilities, new electric wiring, adequate reading lights for every patient, new treatment rooms, utility rooms and diet kitchens, one double and two single recovery rooms on each floor and increased storage space.

BROOKLYN, N. Y.—While more than 200 persons watched, ground was broken for the three-story and basement brick annex to the four-story Evangelical Deaconess Hospital. The Rev. August D. Pfost, superintendent, turned the first shovelfull of dirt.

TULSA, OKLA.—A cancer clinic and a ward for the sick poor will be established at the request of Waite Phillips, Tulsa financier, in memory of his twin brother, Wiata, as St. John's Hospital. One hundred thousand dollars has been received by the institution from Mr. Phillips. Fifty thousand will be used to erect a two-story building to house the clinic, \$25,000 will purchase necessary equipment, and the remaining \$25,000 will establish the Wiata Phillips Ward.

STATE PARK, S. C.—A half-million dollar construction program is to be begun at the South Carolina Sanatorium this month, to provide a main hospital building, a central heating plant, an addition to the nurses' home, staff cottages, quarters for employees and an extension to the water and sewage system, with necessary septic tanks. The main building will be six stories high and constructed entirely of fire resistant materials, the main walls being built of reinforced concrete and brick. From 250 to 275 beds will be provided on the first, second, third and fourth floors. On the ground floor will be located the general administrative offices, the receiving department, examining rooms, an x-ray department, dining rooms, service rooms, cold storage equipment and linen rooms. The sixth floor will house operating rooms, recovery and sterilizing rooms and a roof garden.

NASHVILLE, TENN.—A \$1,000,000 wing is to be constructed at Vanderbilt University Hospital and Medical School, according to an announcement by Dean W. S. Leathers. To be completed in time for the 1937-38 session, it will provide quarters for the x-ray department, offices and laboratories for the departments of obstetrics,

gynecology and pediatrics, and house the department of preventive medicine and public health. The wing will also contain rooms for private and semi-private patients.

RICHFIELD, UTAH.—Through the financial assistance of the PWA, this town is to have a three-story fireproof hospital building, a project long sought by Richfield residents. The first floor of the building will contain doctors' offices, a dining room, a kitchen and hospital offices. An operating room, a five-bed ward, three private rooms and the maternity section will be located on the second floor, and a five-bed ward, a four-bed ward and seven private rooms are to be on the third floor.

SALT LAKE CITY, UTAH.—A sixth floor is to be built on to the present building of Dr. W. H. Groves Latter-Day Saints Hospital at a cost of \$75,000. The new floor will house the institution's surgical department, and the present operating rooms on the fifth floor will be converted to other uses.

Hartford Municipal Scene of Connecticut Meeting

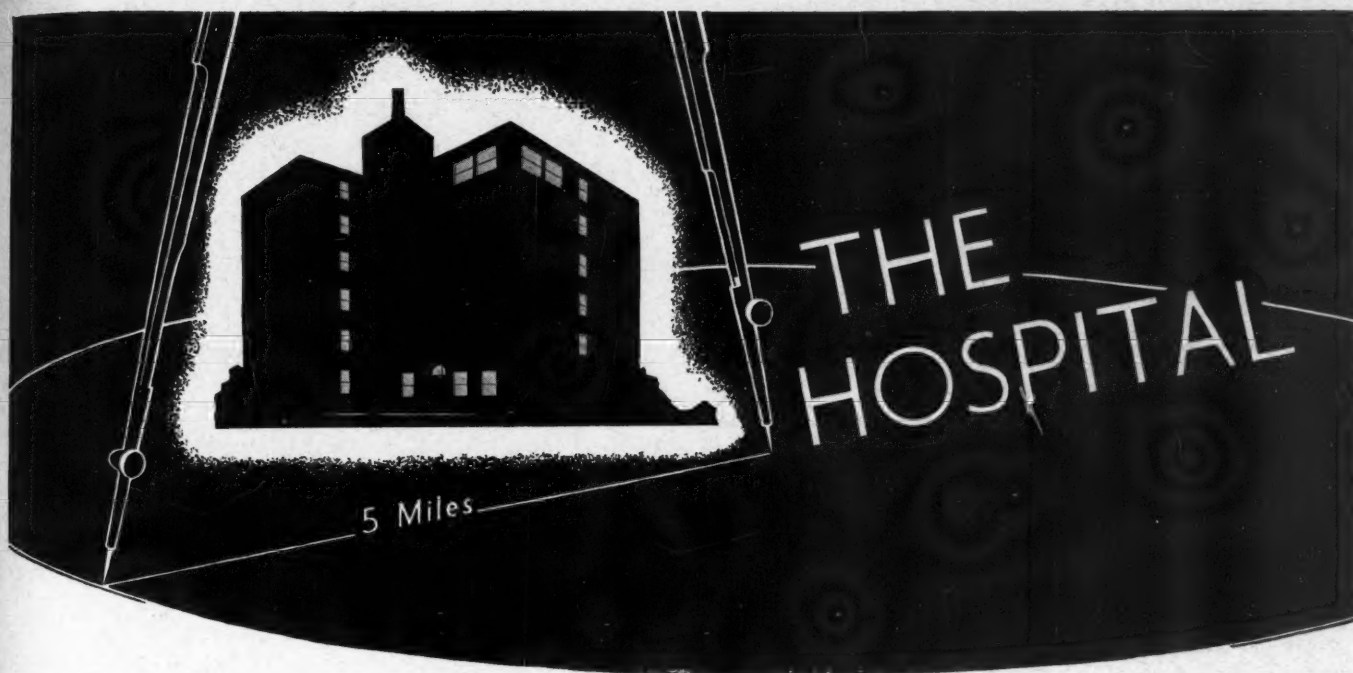
From welfare to statistics to nursing education hopped the administrators attending the Connecticut Hospital Association meeting at the Hartford Municipal Hospital on November 20. The morning program opened with a discussion of welfare departments and hospitals by William J. Ryan, superintendent of welfare for Hartford.

Worth while hospital statistics were outlined by John H. Watkins, department of public health, Yale University. The meeting closed with a talk on the administration of the revised curriculum for nursing schools by Dean Effie J. Taylor, school of nursing, Yale University, with a discussion of the subject by Augusta Patton, chairman of the educational section of the Connecticut State Nurses' Association.

Following a luncheon at the hospital, the association toured the institution and then resumed its meeting with a round table under the leadership of Joseph W. Hinsley, assistant business manager, Hartford, Hospital.

From Profit to Non-Profit

Changing its status, through a vote of its stockholders, to that of a non-profit, charitable corporation, Peralta Hospital, Oakland, Calif., has opened its doors to the medical profession of Oakland, for research and development of medical science. George U. Wood is superintendent of the institution, which is so organized that members of the staff have a vote in determining any policies the hospital may establish.



The only lighted building in a five-mile area . . .

WHEN a violent storm severed electric wires, an entire town found itself plunged in darkness. Business was temporarily suspended and traffic confused. In one building alone did activity continue as normal. Properly, that building was the hospital—wisely protected at all times by an Exide Keepalite Emergency Lighting Battery System.

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possible to prevent electric current interruptions, but they cannot control the effects of accidents, fires, storms, or short circuits and blown fuses within a building itself.

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British Columbia Administrators Favor Health Insurance at Victoria Meeting

Although the details of the health insurance regulations recently enacted in British Columbia have not been announced, the British Columbia Hospital Association went on record as approving them after hearing addresses on the subject by Dr. Allon Peebles, chairman of the state health commission, and Dr. H. M. Cassidy, director of social welfare, at the nineteenth annual convention of the association in Victoria, November 11 to 13.

The three-day session was well attended, the system of pooling delegates' traveling expenses ensuring representation from the distant hospitals inland and up the coast, and the program was varied. The Hon. George M. Weir, minister of health, and Dr. G. Harvey Agnew, secretary, department of hospital service, Canadian Medical Association, were guest speakers at the two luncheons of the convention, and Dr. Malcolm T. MacEachern, American College of Surgeons, led the round table for which an entire morning was set aside.

The American Hospital Association convention at Cleveland was reviewed

for the association by Dr. H. S. Stather, assistant superintendent, Vancouver General Hospital. Hospital libraries were discussed by E. S. Robinson of the Vancouver Public Library. The proposed curriculum for schools of nursing, recently adopted by the Canadian Nurses' Association, was analyzed by Miss A. J. McLeod, chairman of the nursing section of the R. N. A. B. C., and Christine Murray, Provincial Royal Jubilee Hospital, Victoria. Other subjects of interest presented were reports on women's auxiliaries, on the progress in the treatment of mental diseases and on the government's program for the control of venereal disease.

E. W. Neel, who in his presidential address referred optimistically to the new insurance arrangement and strongly supported the work of the Canadian Hospital Council, was re-elected president of the organization. J. H. McVety, Vancouver, was chosen secretary-treasurer. Dr. A. K. Haywood, superintendent, Vancouver General Hospital, was named convener of the committee on medical affairs.

Favorable Report Made on Experimental Meetings

The experiment of holding five regional sessions to develop the interest and attendance of a larger group of hospital workers received favorable reports at the meeting of the Saskatchewan Hospital Association at Saskatoon, Sask., on November 19 and 20. It was also agreed to support the proposal to socialize the care of cancer patients under joint voluntary and government direction, now proving so successful for tuberculosis under Dr. R. G. Ferguson at Fort Sanatorium. Doctor Ferguson is president of the association.

Among the many papers presented were those by Dr. H. H. Mitchell, Regina General Hospital, Regina, on laundry economies; J. A. Thompson, Moose Jaw, on "The Board's Duties to the Hospital"; Miss O. J. Argue, B.H.Sc., Saskatoon, on "Food Service Without a Dietitian"; Dr. B. C. Leech, Regina, on anesthesia developments; Ruby Simpson, president, Canadian Nurses' Association, on the new curriculum, and Edith Amos, of Saskatoon City Hospital, on the new "adviser" to schools of nursing.

Dr. R. O. Davison, deputy minister of health, reviewed the year's activities; "State Hospitalization" and the recently organized Health Services

Board were discussed by Leonard Shaw, superintendent, Saskatoon City Hospital; S. R. Curtin, Regina, and E. F. Whitmore, Saskatoon, reviewed recent legislation and medico-legal developments. At the annual banquet Dr. M. T. MacEachern, American College of Surgeons, spoke on "The Hospital Administrator—What He Is Supposed to Be and Must Be." Dr. Harvey Agnew, Canadian Hospital Council, spoke on "Trends and Developments in the Hospital Field."

The incoming officers are president, L. P. Goudy, Saskatoon City Hospital; president elect, F. R. Beggs, Wilkie; secretary-treasurer, G. E. Patterson, Regina General Hospital, who was reelected.

Coming Meetings

Hospital Association of Rhode Island.
Next meeting, Woonsocket, Dec. 10.

Western Hospital Association.
Next meeting, Los Angeles, April 12-16.

Ohio Hospital Association.
Next meeting, Columbus, April 13-15.

Hospital Association of Pennsylvania.
Next meeting, Buck Hill Falls, June 2-4.

Mid-West Hospital Association.
Next meeting, Colorado Springs, Co'o., June 10-11.

Minnesota Hospital Association.
Next meeting, Rochester, May 13-15.

International Hospital Association.
Next meeting, Paris, July 6-10.

Nebraska Dietitians Entertain

Guests at the third annual meeting of the Nebraska State Dietetic Association at Omaha, on November 7, were representatives of the Nebraska State Nurses' Association and the Nebraska Home Economics Association. The meeting opened with a luncheon, and displays of tray favors, new books and material brought from the American Dietetic Association convention were presented. Leta Lynch, Lincoln General Hospital, Lincoln, was elected president of the association; Lydia Beck, Nebraska Methodist Hospital, Omaha, vice president; Josephine Wernimont, St. Elizabeth's Hospital, Lincoln, secretary, and Myrtle Donahoo, Lincoln General Hospital, treasurer.

Interior Decoration and Flowers Interest NEHA

Presaging an era of "brightening up" for institutions, hospital housekeepers who attended the NEHA meeting at the National Hotel Exposition held in New York City October 26 to 30 heard good taste in interior decoration defined by Margaretta Van Rensselaer Schuyler of W. and J. Sloane, who gave a graphic description of three model room decorations and displayed the fabrics, wall coverings and rug materials used in carrying out these decorative schemes.

Flower arrangement was discussed by Dorothy Bittle, editor of *Garden Digest*, who reminded her audience that every bouquet should be considered as carefully as a still life, with the elements of color, line, mass, symmetry and balance each playing a part. She recommended Chinese evergreen and evergreen huckleberry as ideal types of foliage and as more interesting and imperishable than the popular fern.

Mrs. Grace Brigham, president of the NEHA, introducing the speakers, referred to the widening field of women's association with large institutions in which they are having more and more occasion to use their powers of adaptability, as a result of their proved ability to do the various and sundry tasks assigned to them.

Remodeled for Hospital

What was one time the Landis Sanitarium at Chico, Calif., is now being remodeled and transformed into a fifteen-bed general hospital by Dr. C. C. Landis. It will be known as the Chico Hospital and Sanitarium. Air conditioning is being installed throughout the building, and special attention is being given to planning the hydro-therapy department.



She owns the world . . . has a job she loves . . . works at it . . .
makes it talk . . . sing . . . makes it make her happy

For every woman, for every man in hospital work there is a job that he or she can love.

For every hospital . . . there's greater work to be done when all of your people are *our* kind of people, when they're *made* for their jobs, when their jobs are made for them.

How about *yours*?

Do you have a job that you can love? or is it a drudge?

Do you work at it eagerly, happily, with enthusiasm?

or are you *glad* when you are through?

Do you make it *talk*? does it make you sing? does it make you content?

It can! There's a job *somewhere* for you that would make you feel that you "own the world"; probably we have it listed; for that is our business: to find a job for you that *you'd* love; to find for hospitals the *finest* people, the smartest in the land.

Will *you* write?

The MEDICAL BUREAU

M. BURNEICE LARSON, DIRECTOR

55 E. Washington St.

The top floor of the tower of the Pittsfield Building,
CHICAGO, ILLINOIS

NAMES IN THE NEWS...

KITTIE MCKELVEY, formerly assistant administrator of the Jewish Hospital, St. Louis, has been appointed superintendent of Springfield Hospital, Springfield, Ill. FLORENCE KING has been named to succeed Miss McKelvey at the St. Louis hospital.

W. S. McNARY, business manager of the University of Colorado school of medicine and hospitals, was named president elect of the Colorado Hospital Association at its recent annual meeting. DR. HERBERT A. BLACK, director, Parkview Hospital, Pueblo, is the incoming president.

LOUISE KRAUSS AMENT, founder of the school of nursing of the Lutheran Hospital, St. Louis, was honored by the alumnae association of the school which recently dedicated a bronze plaque to her in recognition of her years of service with the institution. Mrs. Ament opened the hospital's school of nursing in 1898, and continued to head it until 1904, when she was released in order that she might organize and administer the nursing service at the World's Fair. Holder of a doctor of medicine degree, Mrs. Ament for many years has been treasurer or president of the Missouri State Board of Nurse Examiners.

DR. H. L. REDDY, superintendent and physician-in-charge of Woman's General Hospital, Montreal, Que., Canada, died at the age of eighty-two. Dr. Reddy had just completed fifty years of service with the institution.

MARJORIE DAVIS, superintendent of nurses and head of the school of nursing at New York Post Graduate Medical School and Hospital, New York City, has been appointed superintendent of nurses and principal of the school of nursing at New England Deaconess Hospital, Boston.

SISTER ALOYSIANA has been named superintendent of St. Mary's Hospital, Quincy, Ill.

JOHN E. SWANGER, superintendent of Modern Woodmen of America Sanatorium, Woodmen, Colo., died at Rochester, Minn., three days after he had suffered a stroke. Mr. Swanger had taken his wife to Rochester for treatment, and his own death was unexpected. DR. FRED A. FORNEY, chief of staff at the hospital, was named superintendent and chief of staff, and GEORGE RULE, state manager of the field department of Colorado and New Mexico, was appointed business manager, following Doctor Swanger's death.

CLARA PIERCE is the new head of St.

Joseph Sanitarium, St. Joseph, Mich.

SISTER M. FLORENCE was recently appointed superintendent of Mount St. Mary's Hospital, Niagara Falls, New York.

L. E. HOOPER has been appointed medical officer in charge of the United States Marine Hospital, Staten Island, N. Y., to succeed M. R. FOSTER.

DR. JOHN H. PECK, Des Moines, Iowa, tuberculosis specialist, has been appointed superintendent of the State Sanatorium, Oakdale, Iowa, to succeed the late DR. J. A. EDWARDS who was fatally injured in an automobile accident in September. Doctor Peck has at various times headed the Iowa State Medical Society, the Iowa Tuberculosis Association, the National Tuberculosis Association and the Mississippi Valley Conference on Tuberculosis. In 1932 he was a delegate to the International Union Against Tuberculosis at The Hague.

MABEL GRINDROD has been appointed superintendent of Prince Edward County Hospital, Picton, Ont., to succeed VICTORIA J. CARSON who resigned in order to take post graduate work in administration. Miss Grindrod has been night supervisor at the hospital for four years.

SISTER M. BIRNADETTE, R. N., has been appointed superintendent of the Good Samaritan Hospital, Kokomo, Ind.

FRANK D. SELF, assistant superintendent of Massachusetts Memorial Hospitals, Boston, has been appointed superintendent of Fairview Hospital, Great Barrington, Mass., succeeding KATHERINE C. HALL.

DR. HENRY J. GAHAGAN, medical director of the Mercyville Sanitarium, Aurora, Ill., and former superintendent of the Elgin State Hospital, Elgin, Ill., was killed when he was struck by an automobile as he left a bus in front of the sanitarium, which is two miles out of Aurora proper, on the Lincoln Highway.

DR. RAWSER P. CRANK, has been appointed director of the Rhode Island State Infirmary, Howard.

HUGH H. MCCLEERY, who served first as secretary and then as president of the board of Washington County Hospital, Washington, Iowa, has announced his retirement. Washington County Hospital is said to be the first "county hospital" established in the United States.

GRACE MJELDE, R. N., has been appointed superintendent of Shawano Municipal Hospital, Shawano, Wis.

OLIN L. EVANS is the new superintendent of Homeopathic Medical and Surgical Hospital, Reading, Pa. He succeeds G. R. YOUNG, an industrial engineer, who took over the office the first of the year but resigned to return to his own field.

MURIEL L. THOMAS, director of home hygiene service, American Red Cross, Toledo chapter, Toledo, Ohio, and author of the "Thomas Workbook in Anatomy and Physiology," has been appointed associate professor of nursing education at Colorado State College of Education.

DR. THOMAS I. COTTOM has been named superintendent of State Colony for Epileptics, Selinsgrove, Pa., to succeed DR. C. A. MARSH.

T. F. CLARK, secretary of the health and hospital council of the San Francisco Community Chest and secretary of the San Francisco Hospital Conference since its inception in 1934, has been appointed secretary of the Association of Western Hospitals and the Association of California Hospitals. He succeeds MRS. LOLA ARMSTRONG.

BEATRICE SHASSERE, who has been night superintendent of Belmont Hospital, Chicago, for seven years, has been appointed superintendent of that institution to succeed ROY J. LATAS.

HENRY L. MOSES, who for fourteen years has been a trustee of Montefiore Hospital for Chronic Diseases, New York City, has been elected president of the hospital to succeed FRED M. STEIN, whose resignation becomes effective December 1. Mr. Moses has served as chairman of the hospital's medical committee for ten years, and as vice president for eight.

DR. E. E. SYRKIN, superintendent of the Bronxwood Sanitarium, New York City, has been appointed director of Beth Moses Hospital, Brooklyn, N. Y.

FLORENCE P. BURNS has been appointed superintendent of Somerset Hospital, Somerville, N. J., succeeding MRS. DAISY C. KINGSTON whose resignation was accepted several weeks ago. For sixteen years Miss Burns has been superintendent of Babies Hospital, Coit Memorial, Newark, N. J.

JOSEPHINE A. MULVILLE assumed the duties of superintendent of the New England Hospital for Women and Children, Boston, on November 1. Miss Mulville was assistant superintendent and principal of the school of nursing at Beth Israel Hospital, Boston, until her present appointment. The New England Hospital is entering its 75th year of service.

MYRTLE MCAHREN, director of nurses, St. Luke's Methodist Hospital, Cedar Rapids, Iowa, has been appointed superintendent of Blessing Hospital, Quincy, Ill.

EDNA LARSON has been named superintendent of Community Hospital, Big Rapids, Mich.

Does your hospital need money?

Money for building, modernization, or to "balance the budget."

● Campaigns under the direction of WARD, WELLS & DRESHMAN have enabled these hospitals to meet their problems during the past year:—

<i>Name of Hospital</i>	<i>Sought</i>	<i>Raised</i>
Presbyterian Hospital, Denver, Col.	\$200,000	\$200,000
Port Huron Hospital, Port Huron, Michigan.	175,000	177,730
McKeesport Hospital, McKeesport, Pa.	150,000	150,469
Frederick Douglass Hospital (Negro) Philadelphia	100,000	101,000
Quakertown Community Hospital, Quakertown, Pa.	50,000	50,000
Jameson Memorial Hospital, New Castle, Pa.	40,000	47,210
Beaver Valley General Hospital, New Brighton, Pa.	25,000	25,184

These hospitals had pressing problems. During the lean years they gave distinguished service — service that endeared them the more to the community. Now that times are working back to normal, the public was found ready to show its appreciation. The same favorable condition undoubtedly exists in your community.

Back of WARD, WELLS & DRESHMAN is a Quarter Century of Experience in Aiding Hospitals. During these years we have organized and directed campaigns producing more than a billion dollars for hundreds of hospitals, homes, orphanages, and various other philanthropic, educational and religious enterprises.

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REWAXINGS become much less frequent when Rubber Gloss is used, for its tough, rubber-like, wear-resisting film stands heavy traffic and repeated damp mopping long after ordinary wax coatings have disappeared. Rubber Gloss provides a perfectly balanced wax film that is neither too hard nor too soft; hence it will not "powder off," neither will it gather dirt.

Phone our local distributor or write direct regarding free test on your own floors.

FRANKLIN RESEARCH CO., Philadelphia, Pa.

Distributors in All Principal Cities

All our containers are tamper-proof and guaranteed only when seals are unbroken



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A Tough Mopping Varnish for Wood Floors

Surfaseal differs from the average mopping varnish in that it contains certain materials which have the ability to penetrate the wood, thus accomplishing the dual purpose of sealing the wood cells as well as producing a tough surface coating.

FOR THE GYM FLOOR

The tough film produced by Surfaseal and the extreme ease of application make Surfaseal an outstanding product for use on gymnasium floors.

INDUSTRIAL COATINGS

Through the Wilbur White Division of Franklin Research Company there are available many highly technical emulsions that adapt themselves to the factory coating of rubber, leather, paper, nursery stock, citrus fruits, etc. . . . Special sales information on request.

READER OPINION

Payment of Interns

Sirs:

Your comment on Doctor Cullman's letter (November, page 116) regarding the payment of interns occurs at a particularly opportune time. Medical educators everywhere are paying more and more attention to postgraduate training, particularly the internship, rather than assuming that a student who leaves medical school is a full-fledged physician. Modern educators everywhere agree that salaries should be paid to interns as fellowships are provided for students to make it possible to do good, complete work free from financial distraction.

SIDNEY L. REMIER, M.D.

Mount Sinai Hospital,
New York City.

Poison in the Dark

Sirs:

Your editorial comment in reference to accidental deaths due to poisoning, and directing hospital executives' attention to the need of labeling containers, and placing properly labeled drug bottles on ward shelves, leads me to call attention to the use of blue corrugated bottles adopted by myself in 1922 in the Jewish Hospital, Cincinnati, Menorah Hospital, Kansas City, and Dante Hospital, San Francisco.

All poisons dispensed in the above named hospitals are placed in blue corrugated bottles with the "poison" label affixed.

Bottles of all sizes are used. Blue bottles indicate danger, and at night a nurse reaching for a bottle containing a "harmless" drug knows instinctively by the feel of the corrugations on one side of the bottle that she has a bottle containing a poisonous substance.

I am sure that the adoption of this method will avert accidental deaths due to poisoning.

LOUIS C. LEVY,
Manager.

Dante Hospital,
San Francisco.

Pope, Too

Sirs:

I was interested in seeing the picture of Meadowbrook Hospital on the cover page of the November number of *The Modern Hospital*.

Regret to have to call your attention to an error on page 8. The architects for this hospital were the Office of John Russell Pope, 542 Fifth Avenue, New York City and the late William F. McCulloch of Hempstead, N. Y.

A. J. McRAE, M.D.,
Superintendent.

Meadowbrook Hospital,
Hempstead, N. Y.

No Training School

Sirs:

In the October number of *The Modern Hospital* I find on page 122 a statement that Frank L. Mulvihill was "director of the nurses' training school at the New Haven Hospital, New Haven, Conn." For your information I will say that there has not been a training school at the New Haven Hospital since 1923 when the Yale School of Nursing was organized.

ALBERT W. BUCK,
Superintendent.

New Haven Hospital,
New Haven, Conn.

While Saving Twenty Cents

Sirs:

As I sat waiting in the lobby of a well known voluntary hospital that serves a wealthy suburban community, two men entered the hospital, both well dressed business men. They asked to see a patient. Before the information clerk had a chance to speak a severe looking nurse in a stiffly starched uniform, who chanced to be near by, curtly informed them that it was beyond visiting hours (by ten minutes). These visitors stated politely that their visit

was important and would take but a minute. The nurse insisted it was impossible and that they could not go up.

As might be expected these men left the hospital much annoyed.

The assistant manager was sitting close enough to hear the entire proceedings but was so busy finding an error of twenty cents in the grocery bill that he didn't move from his desk. Meantime irreparable damage was done to the good will of this hospital.

I have heard the head of this particular hospital boast of its excellent financial condition. I have listened to his descriptions of time and labor saving devices installed in the institution. But hadn't he forgotten one of the most important phases of hospital management—training personnel to use a little old-fashioned common sense in public relations?

A FRIEND.

Income Up 175%

Sirs:

May I add my congratulations to you for the splendid appreciation of basic principles involved in the editorial on inclusive rates which appears on page 37 of your November issue.

After using an all-inclusive rate system for three and a half years, I believe we are now in a position to state positively that it is desirable from the patient's viewpoint and also from that of the hospital administrator. We experienced an increase in income of 175 per cent after first installing it and since that time have been able to maintain a rather constant level of collections, which have not fluctuated as have the revenues of hospitals surrounding us who use the older system of charging. In addition, its simplicity has made it possible to increase the patient load by over 50 per cent without adding administrative or clerical workers in order to care for the increased admitting, charging, billing and collecting load.

I realize, of course, that I am frankly prejudiced in favor of this system and that you have written on a subject with which I am in entire agreement, nevertheless, may I again say that you have written of it in a forcible and sound manner.

F. V. ALTVATER,
Superintendent.

Duke Hospital,
Durham, N. C.

Convalescent Homes Needed

The need for convalescent homes in Chicago is being brought to the attention of the public by the work accomplished among the destitute at Parkway Lodge, a convalescent home established under the WPA. Here relief patients, released from Cook County Hospital and other institutions before they are able to return to work or while still in need of physical therapy, are able to come and receive needed medical care and supervision. The Lodge is equipped to care for 200 patients, and 153 are at the present time being nursed back to health. Its staff includes three doctors, twenty-two nurses, an O. T. worker and dietitian.

Adopts Eight-Hour Day

Grant Hospital, Chicago, at a meeting of its board of trustees on November 17 adopted the eight-hour day for private duty nurses supplanting a twelve-hour schedule.

Rent Hotel and Temple to House Charity's Patients

A hotel and a temple will be used to house temporarily Charity Hospital patients during the construction of the new skyscraper home of that famous New Orleans institution. The Bienville Hotel has been purchased by Louisiana State University for \$575,000, with the ultimate aim of turning it into quarters for medical students located at the university medical center, and for state offices in New Orleans.

In the meantime the university is renting the fifteen-year-old building to the hospital for enough to make the annual payments due on the building, and patients from that portion of the hospital plant scheduled to be demolished, will be moved into the hotel. The Pythian Temple has also been taken over by the hospital as temporary quarters for its Negro patients.

The eighteen-story stone and concrete skyscraper, which will be spread over more than one-half of the institution's property, is to cost \$8,000,000. Among the buildings that are to make way for it, are the clinic, the quadrangle, the surgical amphitheater, the laundry and several smaller structures.

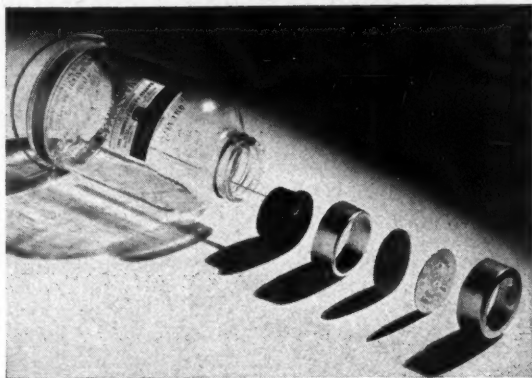
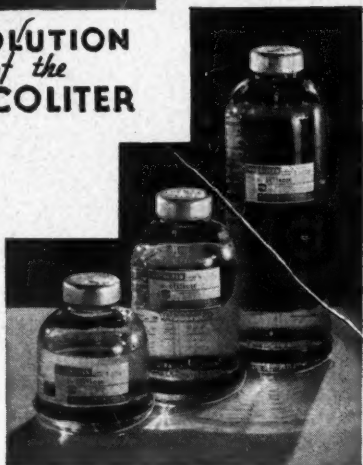
The main structure will be ten stories in its central section with gradual offsets going up to sixteen and eighteen stories. Shaped somewhat as a letter H, the building will have one court in the front and two in the rear. About the building various offsets will provide for glass enclosed sun porches, offices and other facilities. Wards will be located on floors four to nine, with the operating rooms above, and the obstetric and maternity departments using some of the topmost floors. The building will be modern in design with accentuated vertical lines.

Exhibit Model Nurses' Library

What was, perhaps, the first cross section on record of a nursing school library, was exhibited at the October meeting of the New York State Nurses' Association. Shown in its organization and as a functioning unit, the library was outfitted with 300 of the latest as well as standard books on nursing, provided by some fifty publishers. Standard library furniture was loaned by a manufacturer. The exhibit was under the direction of Ethel Wigmore, librarian of the Bellevue school of nursing, assisted by Helen Bayne, librarian, New York University and Bellevue Hospital medical college, Flora J. Bergstrom, librarian, New York Hospital school of nursing, and Eleanor Fair, Metropolitan Life Insurance Company Library.



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The Baxter Vacoliter is the progressive result of designing and creating a score or more experimental dispensing containers for intravenous solutions.

Years and years before you heard about commercial ready-to-use solutions, Baxter engineers were busy creating . . . testing . . . discarding . . . to the end that the ultimate Baxter dispensing container should leave nothing more to be desired.

The result of this research is the Vacoliter, unique dispensing container that has won the Approval of the American College of Surgeons.

That you may be certain to get the advantages of the Vacoliter . . . that you may never be denied these advantages because of the existence of containers of similar appearance . . . the Vacoliter is fully patented.

The name "Vacoliter" molded in the glass on the 500cc, 1000cc and 2000cc Vacoliter protects you against substitutions. Look for the name "Vacoliter". Be certain you get the Vacoliter.



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LITERATURE in ABSTRACT . . .

Conducted by E. M. Bluestone, M.D.

Building Requirements for Aged Chronics

The characteristic conditions of old age call for special facilities in hospitals and compels care in instituting treatment, especially those measures requiring vapor baths, warm baths, douches and radiotherapy.*

Building requirements of hospitals and asylums for the aged include the avoidance of stairs and every kind of object over which inmates might stumble, such as thresholds and carpets. In all institutions for the aged the day rooms, lavatories and baths must be placed near the wards out of regard for the difficulty with which these persons move. For those seriously ill it is advisable to have the lavatories in the ward itself. Verandas and rest rooms accessible to invalid carriages should be a part of such institutions as well as covered walks which can be used on rainy days. Provision should be made for the occupation and amusement of the patients.

Linoleum which can be kept free of dust is the best material for floor covering.

Bedsteads for the aged should be low to make them easy of access and to obviate the danger of falling out. For restless and confused patients boxed-in beds are indispensable, and for the former single rooms may be needed.

Aged people fall asleep quickly and wake up early, a fact which must be taken into account in arranging meal-times.

*Eiselt, R.: *Hospital Care for Old People With Chronic Diseases*, Nosokomeion 7:226 (July) 1936. Abstracted by Jane Barton.

Functional Planning of Laboratories

The science carried on in laboratories may be considered, in regard to their functioning, in the following order: (1) welfare of the patient; (2) causes of failure in treatment; (3) advancement of science in medicine.*

The development of laboratory work in the general hospital depends largely on the staff, the proximity to established independent laboratories and the possibilities of the department within the institution. Laboratories which are not associated with teaching should be conveniently located in the center of hospital activities.

In the United States most of the larger hospitals are connected with some near-by university medical school. Here teaching facilities have been planned and developed for large classes as well as for routine laboratory work, and provision has been made for special research laboratories.

The problem in planning a new laboratory is its relation to the hospital group of buildings. In many institutions the medical school laboratories may be in entirely separate buildings often located at a distance from the hospital. The type of laboratory depends largely upon whether the medical school dominates the policy of the hospital. Even with a medical school laboratory, much of the routine work may and should be done in the small floor laboratories. There is generally a working agreement between the hospital and the medical school, where the two are housed in one building, that the medical school, for a consideration, will do much of the routine and special work for the hospital.

The subdivisions of laboratories are without end. The animal department is essential, and much space must be given to autopsy and dissecting, also to the anatomical museum.

A study of the plans of the laboratory arrangements of some of the larger institutions shows the requirements of this department to be administration offices, pathology, anatomy, physiology, biological chemistry, pharmacology, clinical pathology, blood chemistry, biology, clinical diagnosis and clinical research, surgical research, neurology, bacteriology, library, art, public health, animal department, supplies and storage, serology, metabolism, histology, urology, immunology and hematology.

One of the main requirements of such a department is air conditioning for the freshness of the air, the bodily comfort of the worker and the health of live clinical material. In microscopic work, the absence of dust particles caused by heat radiation from radiators and the elimination of odors from the animal departments can be obtained through the installation of proper air conditioning.

In the larger laboratories, provision must be made for gross specimens and for sawing and dissecting them.

For animal experimentation a small zoo must be maintained in a location available to the students. This department varies in size, depending on the extent and character of research or the extent to which vaccines and

serums are prepared. For the larger animals a building away from the laboratory is advisable and the animal department should have a complete fresh air cut-off from the laboratory rooms. Small laboratories for the quick freezing of sections for microscopic examinations are located near many operating rooms. This is particularly desirable where cancer is treated.

The equipment of the laboratory is as important as the plan. The floor should be of some nonabsorbent material; counters and drain piping should be acidproof. There should be lead protection on all walls, floors and ceilings where the x-ray will be used. Sterile rooms should be provided for the preparation of media and cold rooms for the storage of specimens. Provision should also be made for incubator rooms with maintained temperature and humidity, specially controlled kettles for cooking dextrose, and filter sterilizers.

It is desirable, because of frequent changes, to expose all pipes as far as possible. The walls of the working rooms should be finished in vitreous tile, enameled brick or some other impervious material. Cupboards, cabinets and open shelves should abound. Water stills of the approved closed type are desirable, as well as sterilizers, autoclaves and cookers.

The pathologist, like the surgeon, if he is a master in his profession, should build his laboratory around his personality and his requirements.

*Stevens, Edward F.: *Fundamental Principles of the Planning, Construction and Fittings of Central Laboratories in Larger Hospitals*, Nosokomeion 7:205 (July) 1936. Abstracted by Jane Barton.

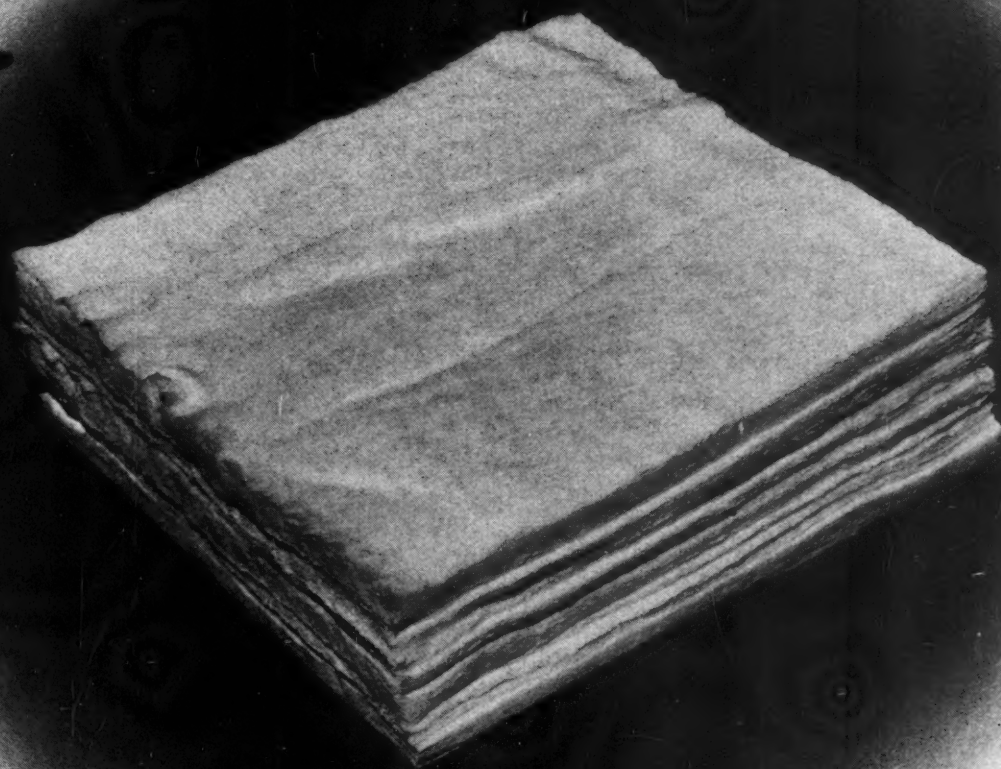
Accounting for Income From Services Rendered

The simple and direct accounting system here described centers in the patients' ledger*. Charges are posted to this from a daily report submitted by each department. A cash register tape, affixed to the out-patient report, is checked frequently. A cash register ticket is the only ticket of admission to the several departments, other than wards and private rooms.

The work of the department is equally distributed over the month with bills rendered on time and all charges included. Income is recorded in the amount earned instead of amount received. When courtesy allowances are made, these are credited against the regular charges on the patients' accounts.

The following daily reports are necessary: Form 1, private room and ward charges; Form 2, special nurses; Form 3, private clinic, physician's fee; Form 4, private clinic; Form 5, physical therapy department, private patient's card; Form 6, physical ther-

PURE



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A recent test showed that in four out of the seven leading brands of cellulose, unbleached sulphite wood pulp is mixed with bleached sulphite to cut manufacturing costs. The unbleached sulphite still retains some of the natural resins of the wood. As it ages in the finished product the latter quickly becomes less and less absorbent. The adulterating unbleached material also tends to become yellow. And to imitate the natural creamy white of pure cellulose fibres, artificial coloring may be added. . . . Material made of 100% bleached sulphite possesses dependable absorbency and a natural white color free from chemicals. If you want to be sure of dressings made from 100% bleached sulphite always specify Cellucotton Absorbent Wadding. Nothing else is used in its manufacture. No coloring. No adulterants. It's absolutely pure. LEWIS MANUFACTURING CO., Division of THE KENDALL COMPANY, Walpole, Mass. In Canada: Postal Station K, Toronto.

CELLUCOTTON ABSORBENT WADDING

any department, summary of treatments given, and Form 7, other departmental reports.

Each form is prepared in duplicate and submitted to the accounting department with any vouchers that are prepared.

Board of patients and special nurses, being recurring charges, are not reported daily. Only a list of admissions and discharges or the engaging and releasing of special nurses, is forwarded to the accounting department with the charge noted. Provision is made on the list for any transfer of a patient to another accommodation. Total charges for the current day's board are arrived at by adding or subtracting the difference between the charges for patients admitted and for those discharged to the total charges of the preceding day.

When a physician discharges a patient, the nurse immediately notifies the accounting department which collects charges for the last day and submits the bill up to date.

Except in special cases, such as compensation insurance cases, the private clinic is run on a cash basis. Form 3 is made out in triplicate, the fee is rung up in the cash register and the cash register ticket and the three forms are given to the patient. The first of these he keeps; the other two he gives to the physician who keeps one of them, signs the other and forwards it to the accounting department.

The cash register has a totalizer for each class of service as well as a control totalizer. Both cash and charge transactions are entered. Upon leaving her shift, each nurse clears the totalizers and enters the amounts, including the charges to patients, in sections provided on Form 4. Having completed and checked the totals she turns in cash, checks and tickets to the accounting department, which verifies the report, posts charges to the patients' ledger and enters total cash in a cash receipts record.

Fees from house patients are charged to their accounts; fees for out-patients are collected before treatment is rendered in the physical therapy department.

This department makes out for each patient a card of distinctive color carrying the kind of treatment and the number of times per week it is to be given. Space at the bottom is provided where dates are inserted as treatment is rendered. These cards are filed by date of next treatment. Cash patients receive a cash register ticket and the card from the department clerk. These are given to the technician who stamps the date of visit on the card and at the end of the day returns them to the physical therapy clerk. She, in turn, sends cards, cash, cash register slips and tickets to the accounting department.

These are checked, verified against each other and posted from the cards to the individual's ledger. Each morning the cards are collected from the accounting department and filed again by date.

A monthly report also is prepared providing for accumulation of charges by classification of service. This is kept up daily by sorting the cards by color and counting them.

Added control is obtained through medical charts. Notations are made in medical charts of medicines prescribed and special treatments ordered. Certain charts are taken to the accounting department daily in prescribed order which ensures every chart's being taken in weekly. Chart and ledger are compared and omissions posted. A final comparison is made just before a patient's discharge.

In reference to all other income, each department renders a daily report, Form 7, bearing the name of the patient and the type of service. The amount to be charged is filled in by the accounting department and posted to the patients' ledger. Cash transactions are designated on the same report.

Principal records used in the accounting department are: Form 8, patients' ledger; Form 9, allowances; Form 10, income, ward and private patients; Form 11, sundry income, ward and private patients; Form 12, income, private clinic; Form 13, proof of accounts receivable, and Form 14, amounts due doctors.

The patients' ledger consists of a combined billhead and ledger sheet, the latter being the duplicate copy. Since bills are rendered weekly, seven columns are provided. An account is opened in the current ledger for each patient. Postings are made daily for the previous day, keeping the bills up to date and the work spread throughout the week. At the completion of this posting, the day's totals and balances are brought down on each account and carried forward to the following day. Balances of the several accounts are listed and proved by Form 13.

When balances are proved, those sheets with a full week's postings are withdrawn and new sheets started. The completed sheet is transferred to the unpaid file, which serves as the collection ledger. Any cash subsequently received is entered on the current sheet. On discharge of the patient, if the account is paid in full, ledger sheets are transferred to the inactive file.

Before admission each patient is questioned by the personal service department. Special rates are granted by a special rate department, which notes the allowance on the admittance record. The full scheduled rate is charged but before the balance is transferred the allowance is com-

puted and entered on Form 9, and the balance on Form 8 is adjusted. Daily total allowances are carried to Form 13. The total for the month is debited in the general ledger account "allowance to part-pay and free patients" and credited to "accounts receivable ward patients."

Daily totals of Forms 1 to 7 are posted to Forms 10, 11 and 12, giving a composite picture of actual income received by each department. Forms 10, 11 and 12 are made up of columns headed board and care, special nurses, x-ray, laboratory, operating room.

Form 13, daily proof of postings, has seven columns. To the balance of each of the two current ledgers, private and ward patients, at the beginning of the month are added the charges for the month to date from Forms 10, 11 and 12, charges from the check register and credits from the cash book and journal. If no error has been made the closing balance for the day will agree with the total of the accounts in the ledger. If it does not, an error has been made in the work for only one day and can readily be found.

From tickets on Form 3 turned in by each physician, the amount due him is entered on Form 14, a column being provided for each man. These columns are totaled monthly and vouchers drawn.

The cash receipts record and voucher record contain columns for date, name, amount and distribution columns for credits to accounts receivable.

The office force for 200 patients consists of the chief accountant, the cashier, a ledger clerk for private and one for ward patients and a night cashier.

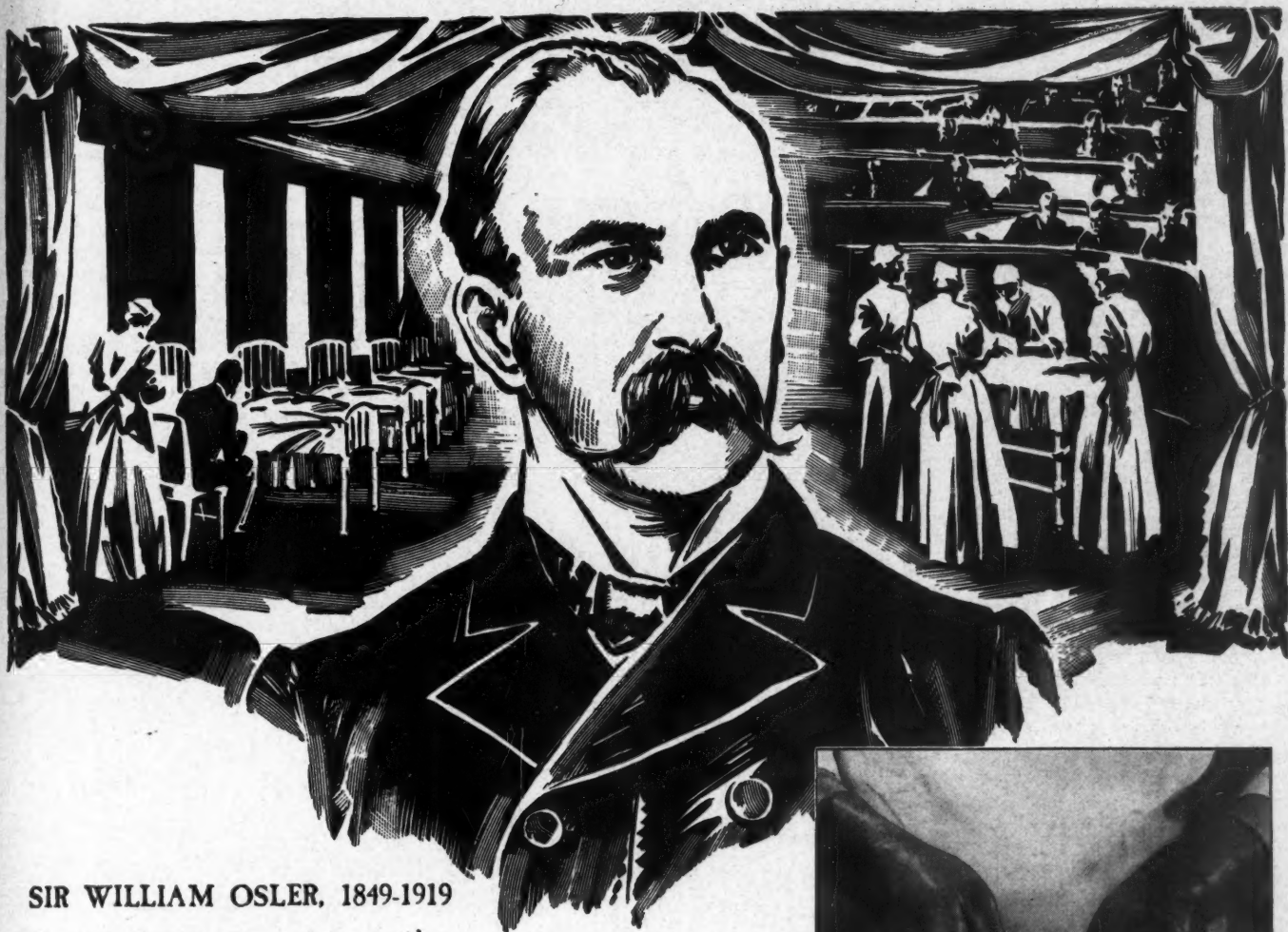
*Rea, George and Peper, John L.: Establishing a Control Over Hospital Income, Nat. Assn. Cost Accounts Bull. 16:556 (Jan. 15) 1936. Abstracted by Margaret G. Reitz.

Hardening and Dispensing Ice Cream Cabinets

Box cabinets may be used for hardening ice cream if the amount to be stored is not too large to make this an expensive form of hardening.* Such boxes have a good appearance and operate efficiently and economically. The sides of the cabinet are constructed of enameled steel; tops are of sheet steel overlaid with monel or stainless steel to resist rust and corrosion, and the lids of the compartments are of stainless steel or monel with collar and knob of hard rubber. The insulation of the boxes is approximately 3 inches on the ends, 4 inches on the sides and bottom and 2½ inches on the top.

Sulphur dioxide, methyl or ethyl chloride, ammonia or carbon dioxide are used as refrigerants, sulphur dioxide being most commonly used. Ther-

PIONEERS IN MEDICINE AND SURGERY... No. 17



SIR WILLIAM OSLER, 1849-1919

the great physician whose technique and teachings so profoundly influenced the progress and practice of medicine, particularly in the United States where, from 1884 to 1905, he taught at the universities of Pennsylvania and Johns Hopkins.

Born under a lucky star, at Bond Head Parsonage in Upper Canada, William Osler early realized that a long apprenticeship in the laboratory is a great aid to the successful practice of medicine. While still in his teens, guided by Dr. Bovell of the Toronto Medical School, he spent long hours collecting specimens, making notes, learning to use—and love—microscopes. At medical school, his fellow students said, he was “always dissecting.” Indeed, no dullard ever spent a more laborious apprenticeship. But once the foundations were laid his progress was rapid: professor of physiology at McGill University, 1874; professor of Clinical Medicine at the University of Pennsylvania, 1884; professor of medicine at Johns Hopkins University, 1889; and regius professor of medicine at Oxford from 1905 to his death. After his death, Dr. William H. Welch of Baltimore wrote:

“History will undoubtedly preserve Osler’s fame as a serious and scholarly student of medicine and as a bibliographer second only to his reputation as a great clinical teacher.”



THE same devotion to scientific truth that guided Osler in his work in the laboratory has for almost half a century guided the great Miller Rubber laboratories to pioneer many advances in rubber sick-room necessities.

Miller has produced many outstanding developments in rubber and in close cooperation with physicians and hospitals, continues to anticipate the rubber re-

quirements of the medical and surgical profession.

Today Miller Anode Surgeons’ Gloves, molded to the hand, insure complete freedom of action, tissue-thin sensitivity, an amazing resistance to repeated sterilizations and a tensile strength of well over 4,000 pounds to the square inch to guarantee the utmost in protection. Yet they cost but little more than cement-type gloves.



MILLER RUBBER COMPANY, INC., AKRON, OHIO

Miller

Forty years of research and the most extensive research laboratories in the world are behind Miller Anode Surgeons’ Gloves

mostatic controls ensure automatic operation at any desired temperature. The compressors are provided with a relatively high capacity to carry the average load on a few hours of running time and to meet the demands of hot weather satisfactorily. The refrigerant solution is sealed in and thermostatically controlled.

There are several types of portable models, simple in operation and easily attached to any electric outlet. They are a convenience since they may be stored when not in use.

Cabinets for use with solid carbon dioxide refrigerant (dry ice) are sometimes installed if other types of refrigerant are less practical. The initial cost is approximately one-half that of the least expensive mechanical box, and the cost of operation is favorable under thermostatic regulation. The need for servicing is one of the greatest disadvantages in this type of cabinet. There are two methods of applying the carbon dioxide, direct and indirect. The indirect is more often used as direct application and will usually make the ice cream too hard. The amount of carbon dioxide used in packing depends upon the amount of ice cream to be packed, the time it must remain packed and the temperature of the outside air. In general eight ounces is allowed for one pint and up to two or three pounds for one gallon to maintain ice cream for six to eight hours. The ice cream is usually removed from the dry ice twenty minutes before serving.

*Handy, Etta H.: *Economical Ice Cream Production*, *Hotel Monthly* 44:25 (Aug.) 1936. Abstracted by Jane Barton.

Treatment and Cleaning of Bake Pans

Few bakers realize that the appearance and taste of the oven product is greatly influenced by the bake pan itself. Stale, rancid grease on the pan will damage the taste and appearance of the product even though the best of raw materials have been used in the making. "Bake shop" flavor may be eliminated only by proper and frequent cleaning of the pans.*

It is common practice to treat new bake pans with a "burning out" process before using them. This consists of wiping out the pans with a clean cloth and placing them in an oven which is heated to from 375° to 400° F. until they are amber colored. The pans should never be burned out at a temperature over 400° F. They are then removed from the oven and allowed to cool slowly after which a thin layer of grease is applied.

The burning out process brings about a chemical change in the surface by which the thin layer of tin is changed to tin oxide. The advantages of a well burned out pan are that its surface will absorb the radi-

ant oven heat and transfer it to the crust to give a well baked loaf, and also the tin coating is momentarily softened when the pan is heated. The resulting closer bond to the iron base ensures a longer life to the pan and minimizes the presence of pit holes which promote rusting.

The burned out surface is exceedingly fragile and is easily damaged by ordinary cleaning solutions. Therefore, bakers are reluctant to use any solution which might injure it and destroy the life of the pan. Recent scientific developments have resulted in obtaining cleaning materials which actually remove dirt from the pans without injuring the delicate burned out surface. This is important because frequent washing makes possible a more uniform product with an appetizing appearance and eliminates the "bake shop" flavor. Variations in the dirt found on pans will cause a difference in cleaning efficiency. Dirt from vegetable oils is more easily removed than that from animal fats. The actual temperature of the pans during baking causes a difference in the composition of burned on grease.

Various methods of washing pans are: (1) hand washing, (2) tank washing and (3) machine washing.

The following factors must be considered in selecting the method best adapted to one's particular requirements: (1) the number of pans washed per day; (2) the space available in the plant; (3) the present condition of the pans; (4) the number of bakings between washings, and (5) the capital available for cleaning equipment.

The next important step is to set up a definite cleaning procedure. An efficient heating arrangement is vital, regardless of the method used. It is important that the rinsing water be hot, preferably boiling. When steam under pressure isn't available, gas and oil burners can be used successfully.

One of the earlier difficulties of getting pans in and out of the cleaning solution and rinse water has been solved by the use of baskets in which pans are racked and then handled in the cleaning solution and rinse water as a single unit.

Pans that have been washed should be prepared for service exactly in the same manner as new pans, with the exception of the burning out process. It is important that newly cleaned pans be dried completely and while still hot be greased by hand. When hot, the pores of the metal are open and will thoroughly absorb the grease, thus minimizing sticking during the first bake. There are now available two general types of pan washing machines. Machines in which pans are submerged and agitated in cleaning solution are used almost exclusively for washing pie pans. Pressure type machines are used for washing bread, cake and pie pans.

All pressure type machines operate on the same general principle. They consist of a slowly moving endless belt arrangement on which the pans are conveyed over jets through which the cleaning solution is forced under considerable pressure. The pans then are conveyed under rinse water jets and dried.

The present higher initial cost of the machine method over the tank method limits its use to the larger bakeries. Also pans with heavy deposits of baked on grease, dough and other dirt must first be cleaned by the tank method.

In selecting a cleaner for the machine, care should be taken to use one which will neither corrode nor damage the pans or the machine. The machine method requires a weaker solution than would normally be used by the tank method. The solution used should be as hot as possible. The machine must be kept absolutely free from any possible contamination. It is advisable to add a small amount of cleaner every half hour or so.

Rancid grease, when heated to high temperature, is highly destructive to the pan. It removes the burned out surface and the underlying tin.

*Moore, C. M.: *Bake Pans Cleaned Without Damage to the Burned Out Surface*, *Baker's Helper*, Aug. 22, Sept. 5 and 19, Oct. 3, 1936. Abstracted by Rosalie Natarus.

Dentistry in the Hospital

The increasing importance of oral sepsis as a primary focal infection has emphasized the necessity for a department of dental and oral surgery in the hospital.* The complex interrelationships between dental and other departments warrant the establishment of an oral surgical service as an organizational equivalent of a specialty of medical practice. The director of this service should be a member of the hospital medical board.

A hospital dental department can adequately care for service to in-patients and out-patients. Such dental care should include oral diagnosis and treatment of dental diseases.

In the absence of any previous description, a complete plan of organization of a dental department is offered. Staff positions and responsibilities, internships, meetings and conferences and the out-patient dispensary are discussed in great detail. Appended also are suggested rules and regulations for a department of oral surgery, with an outline of interns' duties, a dental formulary and sample charts of special studies and monthly reports.

Doctor Carr has presented a fairly thorough outline for the standardized organization of a hospital dental service, the need for which is indisputable.

*Carr, Malcolm Wallace: *Oral Surgical Service as an Integral Part of Modern Hospital Organization*, *J. Am. Coll. of Dentists*, Dec., 1935. Abstracted by J. Masur, M.D.

When winter comes-



Children cannot depend on sunlight alone... for the Vitamin D they need!

Many, at least, of today's mothers know through the advice of their doctors the need of Vitamin D as an aid in building strong, straight bones and fine, sound teeth. They know, too, that they cannot rely on sunlight alone to fill this need... especially in Winter, when the ultra-violet rays of the sun are only one-eighth as beneficial as in Summer.

Quite generally physicians recommend, in addition to outdoor play, the use of irradiated milks, Viosterol products and foods to make up for the lack. Mothers know their value too, thanks to the educational work carried on

by the Wisconsin Alumni Research Foundation, licensing the Steenbock Irradiation Process. Through advertisements in *Parents' Magazine* and *National Parent-Teacher Magazine*, they are urged to cooperate with their family physician in building "A FOUNDATION OF STRENGTH FOR THE FUTURE," by giving their children Vitamin D-enriched products and pharmaceuticals "which your doctor can prescribe." These products, over which the Foundation exercises the most complete control, are selected on the basis of availability, low cost and definite benefits. They are listed at the right.

How the Sun's Rays Decline*



SUMMER... Sun's ultra-violet light creates bone and tooth nourishing Vitamin D if body exposed to pure sunlight.



AUTUMN... Sun's Vitamin D creating rays less than half as strong as on June 15. Days shorter. Also, children more indoors—at home and at school.



WINTER... Greatest need for irradiated Vitamin D products. Sunlight less than 1/8 as effective as on June 15.



SPRING... Sun's ultra-violet rays still weak—only about 3/8 as strong as on June 15.

*Based on Laurens' "Physiological Effects of Radiant Energy", Page 44.

Dependable sources of Vitamin D effect under the Steenbock Irradiation Process include:

Viosterol and Viosterol products produced under the Steenbock patents by Abbott, Mead Johnson, Parke-Davis, Squibb, and Winthrop.

Irradiated Evaporated Milk—available in every part of the United States and Canada and in many other countries.

Irradiated Vitamin D fluid milk—now available in most large and many smaller cities. Metabolized Vitamin D fluid milk, available in nearly 300 cities.

Other Vitamin-D-enriched foods include: Dry Milk and Milk Drink Accessory Foods, Yeast, Breakfast Foods, Cereals and Flour.

Write for free copy, "Calcium and Phosphorus Studies," by Shelling and Hopper, and "Vitamin 'D' and the Teeth."

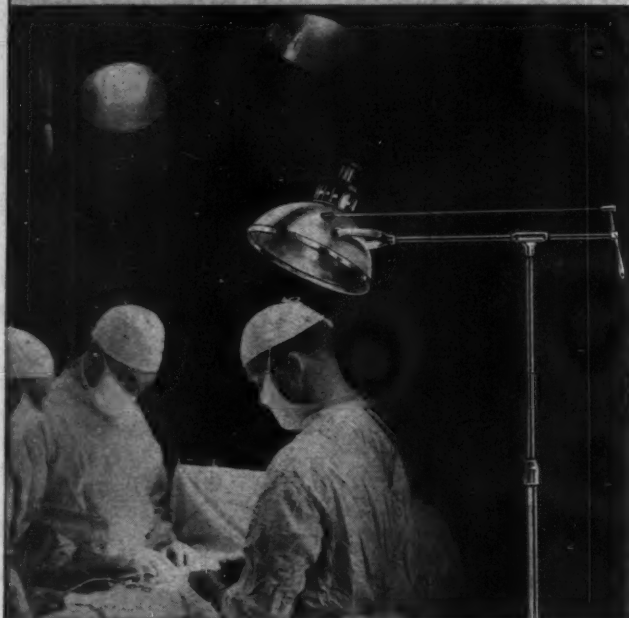
WISCONSIN ALUMNI RESEARCH FOUNDATION*

*A corporation not for private profit... founded in 1925... to accept and administer, voluntarily assigned patents and patentable scientific discoveries developed at the University of Wisconsin. By continuous biological assays, the public and professional confidence in accurately standardized Vitamin D is maintained. All net avails above operating costs are dedicated to scientific research.



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A CASTLE Spotlight SUPPLEMENTS INADEQUATE ILLUMINATION



SURGEONS never complain of inadequate illumination in the operating room equipped with a Castle Spotlight. Supplementing your present system (until such time as you can get a new Major Castle operating unit), the Castle Spotlight throws a cool, intense, shadow-reducing beam of illumination, giving true tissue values. Although this spotlight yields over 2500 foot candles, there is but 2° F. rise noted on the operating field. The Castle Spotlight is fully adjustable. The ideal supplement to any system of operating illumination.

*Write for interesting illustrated booklet
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**CASTLE
LIGHTS**



BOOKS ON REVIEW

FROM A SURGEON'S JOURNAL. By Harvey Cushing, M.D. Boston: Little, Brown and Company. 1936. Pp. 534. \$5.

Whatever the historians may say of this book, it is beyond doubt one of the most interesting available records of medicine in transition that has yet come to the attention of this reviewer. How any physician burdened with the clinical and administrative responsibilities that rested on Doctor Cushing's shoulders could have found time to put down so intimately and with such a keen eye observations on so wide a range of subjects is a constant source of wonder to the reader.

Doctor Cushing had his first close contact with the war when he served at Neuilly with the Harvard unit of the American Ambulance in the spring of 1915. Returning to America, he organized a base hospital unit recruited from Massachusetts. The chapter on "The Battle of Boston Common" (1916-17) describing the uphill fight to attain some degree of medical preparedness in view of America's probable entry into the war is one of the most interesting portions of the book.

In May, 1916, Base Hospital No. 5 sailed for France with Doctor Cushing as director. He served with the British Expeditionary Forces as operating surgeon throughout the ensuing year. In June, 1917, he was transferred to the medical headquarters of the A. E. F. serving as senior consultant in neurosurgery.

Doctor Cushing participated in major engagements of the war, the names of which have become legendary—Messines Ridge, Passchendale, Château-Thierry, St. Mihiel and the Argonne—and the descriptions of them are hair-raisingly vivid.

THE HOSPITALS YEAR-BOOK, 1936. Issued under the auspices of the Joint Council of the Order of St. John and the British Red Cross Society and the British Hospitals Association. R. H. P. Orde, editor. Central Bureau of Hospital Information, London. 1936, n.p.

This edition of the Year-Book, which continues Burdett's "Hospitals and Charities," contains the usual informative reviews of hospital progress in Great Britain. It shows, for example, that during 1934 there were 1,300,000 patients treated in the wards of the voluntary hospitals and 6,000,000 in the out-patient departments.

The improvement in the financial position of British voluntary hospitals is indicated by the fact that their income from all sources was £16,496,522, while maintenance and other expenditures cost £15,043,140, leaving a balance of nearly 1½ million pounds.

Detailed tables on income, expenditures, new buildings, hospital facilities and similar matters are included.

Of special interest to American readers are the references to road traffic accidents. Under acts of parliament hospitals have two distinct claims, namely, (1) a claim for a fixed fee for the first emergency treatment of a motor accident patient recoverable from the person who was using the car at the time of the accident, and (2) a claim for the expenses of treating a patient up to a limit of \$250 for an in-patient or \$25 for an out-patient, recoverable from an insurance company when it is liable under the policy.

Under this act, according to Mr. Orde, hospitals may now recover half or more than the cost of treating auto accident cases.—ALDEN B. MILLS.

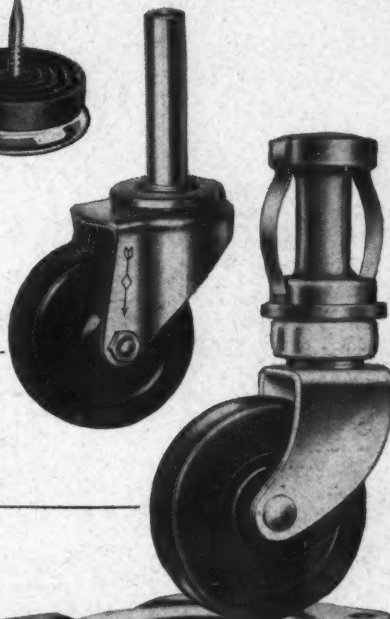
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CASTERS FOR HOSPITAL EQUIPMENT

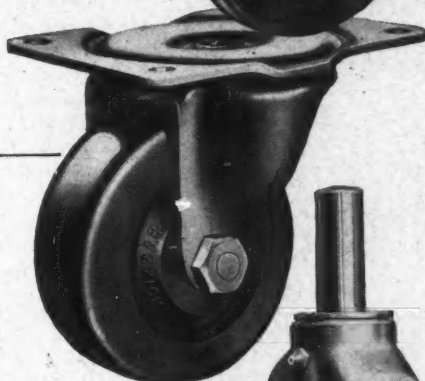
RUBBER CUSHION SLIDES FOR STRAIGHT
CHAIRS AND FURNITURE _____



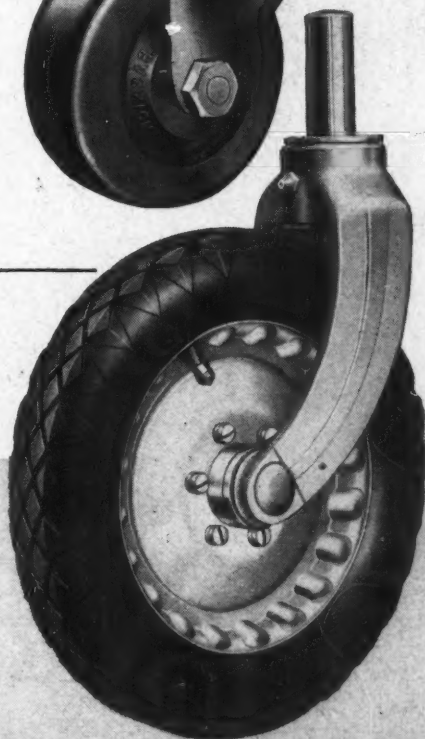
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SPECIALIZED EQUIPMENT _____

These items are among the 10,000 sizes and types
of casters and floor protection equipment made by
Bassick, world's largest caster manufacturer.

For complete information on Bassick
institutional casters see the 16 pages of
catalog information in the new 1936
edition of the Modern Hospital Yearbook.

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SKILLED SPECIALISTS

Each craftsman in the Weck Hospital Instrument Repair Plant is a skilled specialist.

One man, for example, has for forty years been putting razor-sharp edges on cutting instruments; another specializes in putting new catches on broken haemostats; a third is a specialist on eye instruments, nose and throat instruments and scissors; a fourth, concentrates in welding; a fifth is an expert on plating — and all Weck repaired instruments are Crodon-Chromium plated.

Many of these specialists are rounding out a lifetime of service in the Weck plant; meanwhile they have trained their successors until today a sizable squad of specialists are busy daily making NEW instruments out of OLD ones. Write for leaflet telling the whole story.

Hospitals in every state in the Union have saved money using the services of Weck's skilled specialists.



EDWARD WECK & CO.

135 Johnson Street
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CRODON
The Chrome Plate

NEW PRODUCTS . . .

Help for the File Clerk

Here's good news for the tired file clerk—a filing cabinet that comes out to meet her. When she opens a drawer of the new cabinet offered by The General Fireproofing Company, Youngstown, Ohio, the front of it drops open at an angle, giving, so the manufacturers say, greatly improved visibility and accessibility, to say nothing of four inches more of working space and a considerable saving on broken finger nails and torn cuticle. Two more features of this cabinet which the General Fireproofing Company feels should attract favorable attention are the ease and safety with which the contents of the file are compressed as the drawers are closed and the sizable saving in floor space—"maximum capacity in minimum floor space" is the way they phrase it. The "Super-Filer" is also guaranteed to last a lifetime.

A Milestone in Mattresses

Strictly speaking, this item does not belong in this column. However, we pause in the day's occupations to note that the Simmons Company, of New York and Chicago, recently marked with due ceremony the completion of its 2,500,000th Beautyrest mattress. Congratulations and best wishes for another 2,500,000!

Tomorrow's Radio Announced Today

"Music hath charms to sooth the savage breast" of the fellow who wants to hear it. It frequently has quite the opposite effect on one who listens against his will. Dictograph Products Company, Inc., 580 Fifth Avenue, New York City, has taken this fact into consideration in producing the Dictograph Silent Radio and Acousticon Ear.

The versatile instrument, we are told, may be used as an ordinary radio for a group of auditors, or the sound may be directed to a single individual in a room with no one else in the room hearing, even if they are as close as three feet away, or the sound may be heard by one person through the magic ear and by others in the room through the radio's speaker.

The Acousticon ear is a tiny tonal fork, about the size of the palm of the hand, which can be tucked away beneath a pillow or on the back of a chair and the listener can amuse himself all day with orchestras, brass bands or political speeches (if he's strong enough to stand them) without disturbing his nearest neighbor. One of the most interesting features brought out by the manufacturer is that the radio may be heard as well by the hard of hearing as by those with normal hearing.

The cabinet is ultramodern in design in that no dial is visible while the radio is playing silently. Undoubtedly, the Dictograph Company deserves a vote of thanks from a noise weary world.

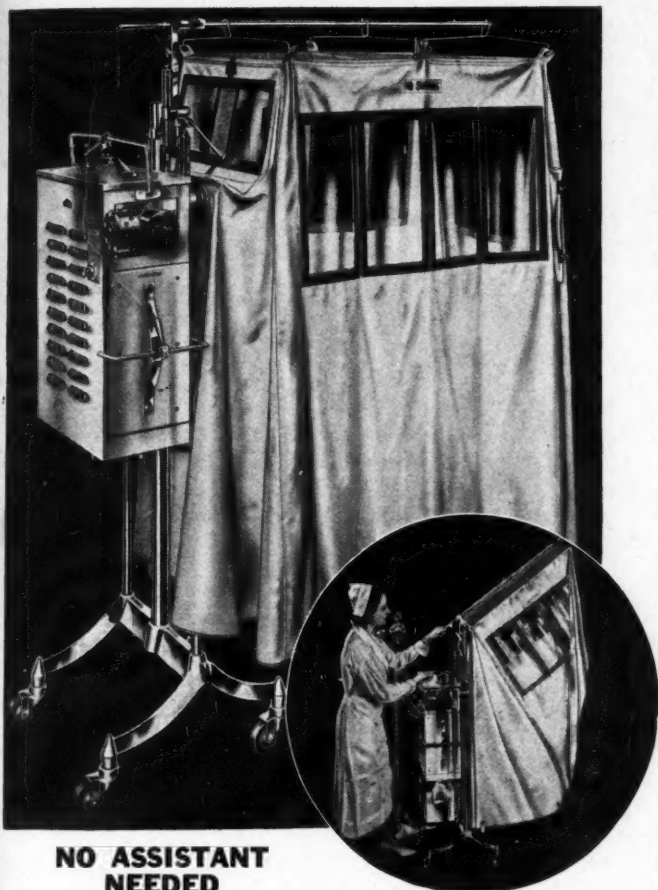
Electricity as a Comforter

What will they think of next at the General Electric House of Magic (Bridgeport, Conn.)? One of the latest brain waves takes the form of an electric comforter described as "a light bed covering which takes the place of heavy blankets." It is heated by low voltage wires which are insulated with a waterproof coating.

HEIDBRINK

OXYGEN TENTS

- Operate Economically
- Exceed Every Requirement
- Offer Many Conveniences



NO ASSISTANT NEEDED

With each of this season's models—two motorized and one motorless—any nurse, unassisted, can perform every duty incident to their movement, adjustment, mechanical operation and practical application.

The spring suspended collapsible hood is directly connected to the ice chamber to conserve ice supply. Adequate circulation, cooling, humidity and carbon dioxide control, and accurate oxygen supply provided with maximum safety. Silent in operation.

Request will bring you free descriptive literature.

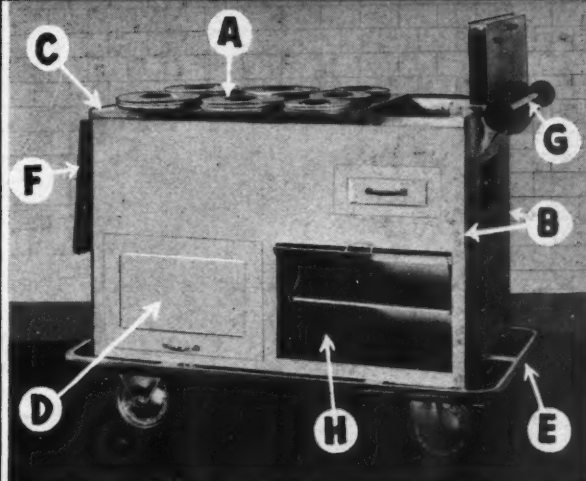
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STAINLESS STEEL FOOD CONVEYORS



- A Top deck entirely free of raised ridges, seams and crevices. No pockets for food or dirt to get in—top is one smooth sheet easily wiped clean.
 - B Seamless one-piece rounded-corner body. No separate ends or sides; hence, no vertical joints at corners.
 - C Unbreakable welded top corners. No extra cap to work loose or to gather dirt.
 - D One-piece paneled #16 gauge doors. No lighter metal used and no dirt-collecting ribs on outer surface.
 - E Separate chassis. Bumper shocks not transmitted to body of conveyor.
 - F Shelf hung on continuous hinge—no substitute used.
 - G Push handle and brackets are solid Stainless Steel, not chrome-plated.
 - H No dirt-collecting pockets inside lower compartments.
- NO OTHER STAINLESS STEEL FOOD CONVEYOR HAS THESE FEATURES. BE SURE TO CHECK THESE POINTS.

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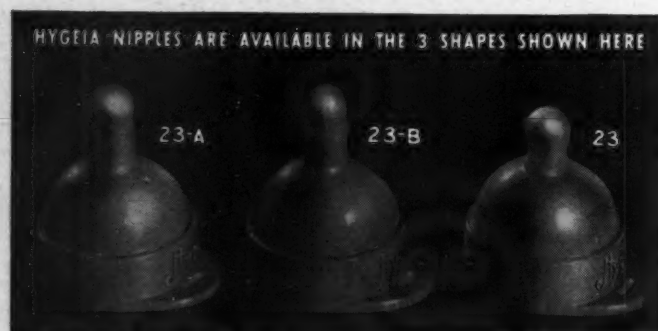
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NEW HOSPITAL DISCOUNTS

**You can now get Hygeias for the
same price as narrow neck
bottles and nipples.**

Write for prices and samples

HYGEIA nipples and bottles are safest simply
because they are easiest to clean. Guard
against the careless mother by starting all babies
on these bottles and nipples.



HYGEIA
NURSING BOTTLE COMPANY
197 Van Rensselaer St. Buffalo, N. Y.

The blanket is designed to give a gentle, even warmth over a large area replacing the heat loss from the bed. The control box which is small enough to be stood on a bedside table has two flexible rubber cords, one to be plugged into an electrical outlet, the other attached to the comforter. When the switch is turned on, a light appears in the window of the control box. The knob under the window, the manufacturer asserts, can be made to adjust the heat accurately at a temperature most pleasant to the user. It is further claimed that an automatic control varies the amount of heat in the blanket as the temperature in the room changes.

Perhaps the blanket's most important application in the hospital field would be in cases such as tuberculosis or pneumonia, where it is desirable to have the patient breathe cold air and yet not be weighted down with blankets.

Water in Winter

It isn't the heat, it's the lack of humidity in our steam heated world that does the damage to human membranes as well as to furniture, wall paper, books and such. The American Gas Accumulator Company, Elizabeth, N. J., offers to solve the problem with the Walton Humidifier, an electrical device which comes in several models, from a portable table model which evaporates one and a half pints of water an hour up to a duplex cabinet capable of evaporating nine gallons of water a day.

A Sheeting That Challenges Rubber

Synthetic rubber, the "golden fleece" of many a research chemist, has been perfected, says E. I. duPont de Nemours & Company, Inc., Fairfield, Conn. DuPrene is the name of the new product.

DuPrene compositions, it is claimed, are highly resistant to the deteriorating effects of (1) oils and grease derived from petroleum hydrocarbons as well as animal and vegetable fats and oils; (2) sterilization by steam, or phenol or lysol solutions; (3) heat and light; (4) alcohol and urine; (5) oxidization; (6) acids and alkalis.

The first cost of DuPrene is candidly admitted to be higher than that of ordinary rubber sheeting, but its cost in service is said to be less and the service more satisfactory.

"Turn-Towl" Turns to Thrift

The well known wastefulness of the great American public receives a decided check with this new paper towel cabinet put out by the Bay West Paper Company, Green Bay, Wis. A stop-waste cut-off forces the user to take only one towel at a time, the manufacturer reports with some glee. With the "Mosinee Turn-Towls" the user must first push a lever on one side of the cabinet, then turn a hand crank on the other side until it stops and finally tear off the towel against a cutter edge. Tests have shown that making it harder for the user to obtain a towel cuts towel consumption.

Making Hydrotherapy More Effective

Hydrotherapy, long recognized as a valuable factor in the treatment of infantile paralysis, has taken an important step forward with the development of the Hubbard-Currence Tank, an adaptation of the Hubbard tank, designed by Dr. John D. Currence, director of physical therapy of the New York Post Graduate Hospital of Columbia University. The tank is manufactured by the Ille Electric Corporation, 386 Fourth Avenue, New York City. It is shaped like an hourglass with all corners

What THERMOMETER IS Tempered THEREFORE TOUGHER

One Tempglass Outlasts
Two Ordinary Thermometers

Of course you can answer that question — Tempglass! An established formula for reducing thermometer costs! But cost is not the only important factor to consider. An inaccurate thermometer may be worse than none. The hard shaker is a constant aggravation. The retreator is dangerous. The easy shaker is an incipient retreator.

Tempglass Thermometers are guaranteed accurate and dependable. There are no hard shakers, easy shakers or retreators. Every Tempglass Thermometer meets ALL requirements of every state's testing regulations and conforms to ALL specifications of the Bureau of Standards. Fine, scientific instruments that actually cost less to use than ordinary thermometers! No wonder hospitals, that have made the Tempglass Test, are specifying — "Tempglass Only."

TEMPGLASS

Prices:

	Per Dozen	Per Gross
No. 1 Standard Cylinder Bulb	\$6.50	\$72.00
No. 2 Snub Nose Bulb	6.50	72.00
No. 3 Pear Bulb Rectal	6.50	72.00

VELVET Stainless Steel NEEDLES

Cannot rust, corrode nor tarnish. Razor sharp points. Fit all Luer type syringes. Each in cellophane envelope to protect it. 12 of size to box. Prices from \$1.25 to \$2 per dozen.



EASY TO HANDLE

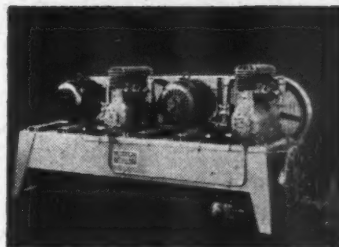
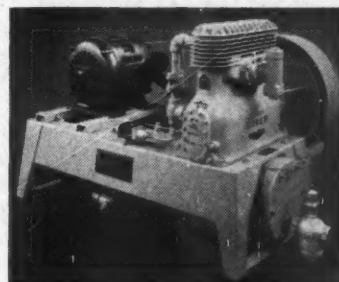
FAICHNEY INSTRUMENT CORP.
WATERTOWN, NEW YORK



BAKER System Air Conditioning for the MODERN HOSPITAL

Baker fills two important requirements in the modern hospital air conditioning installation—silence and economy of operation. Baker's advanced design units for Air Conditioning are precision built to give extra years of dependable, low cost service. Quiet operation with positive temperature and humidity control for use in wards, operating rooms or laboratories is assured.

Consult Baker, too, for full information regarding refrigerating equipment for hospital diet kitchens, food storage, ice making, and drinking water.



Above, Baker 4-cylinder self-contained automatic unit. Right, Baker Dual Condensing Unit with Automatic Capacity Control.

BAKER

ICE MACHINE CO., INC.

1512 Evans St., Omaha, Nebr.

Branch Factories: Ft. Worth, Los Angeles,
Seattle. Eastern Sales: New York City.
Central Sales: Chicago.



Authority on Mechanical Cooling for over 30 Years.

rounded, permitting the technician to reach the patient on either side without entering the tank.

Two electrically driven turbines, which can be moved around the edges of the tank, produce a gentle massage movement which can be applied directly to the affected part. An aerator in the turbine mixes air with the water, producing great quantities of air bubbles which, it is stated, intensify the heat and massage action of the water. A thermostatic water mixing instrument with volume control provides for rapid temperature changes which are indicated on a dial thermometer. Incapacitated patients may be lowered into the tank on a stretcher supported by an overhead carrier.

Trade Literature

Avoiding Leaky Roofs—There are, Johns-Manville Corporation of New York City feels, several problems which arise in the maintenance of roofs about which you ought to be better informed. These problems, such as how roof troubles start and how best to prevent them, how roofing felts should be laid, how flashing should be applied, how joints in the coping should be protected, and how roofing should be placed around drains, skylights and angle supports, are discussed in a new booklet entitled "Things You Should Know About Your Roof."

Another brochure recently published by Johns-Manville, contains eight pages of pictures and suggestions on modernizing with Asbestos Flexboard, a fireproof, termite-proof wall-surfacing material for both indoor and outdoor use. Both booklets are available on request.

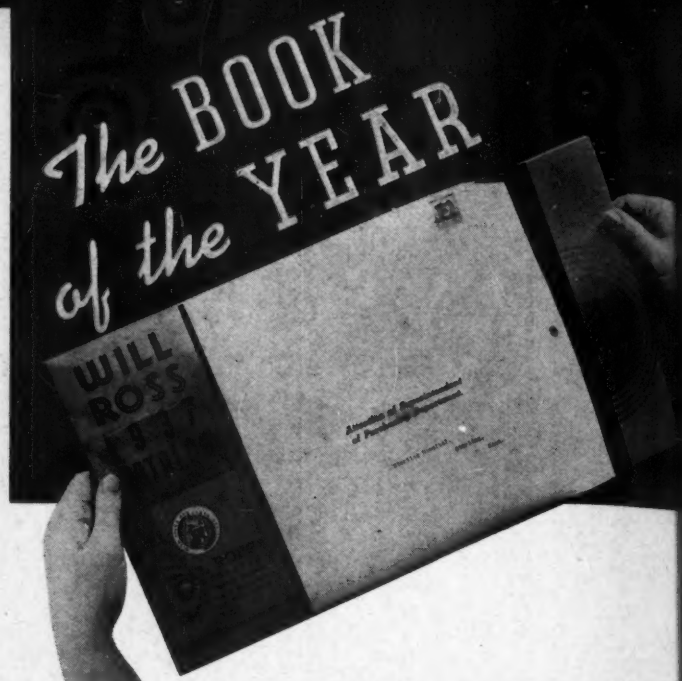
"Shoes and Ships and Sealing Wax"—"Everything for the bed but the patient, and everything for the hospital but food and drugs." That is what Will Ross, Inc., Milwaukee, manufacturers and wholesale distributors offer the hospital buyer in the foreword to their bright, shiny 1936 catalogue. Being suspicious by nature, we checked up on that somewhat sweeping statement, going through the catalogue page by page (all 132 of them), and darned if it isn't true. Beds, bedding, rubber goods, paper goods, dressings, garments and office equipment, to name a few, are all lined up for inspection.

A nice piece of foresight is the mail order blank which requires no envelope or stamp that is inserted in the front of the catalogue for your convenience.

Still Talking About the Weather—Summer has gone and football weather has come but air conditioning is still with us. In fact, we're beginning to suspect it's with us to stay. A brochure of the Carrier Engineering Corporation, 850 Frelinghuysen Avenue, Newark, N. J., reminds us that the scorchers will inevitably return and offers constructive suggestions for making life bearable with air conditioning. Of course, winter air conditioning is equally important and so heat diffusing and humidifying units are also described and illustrated.

Cleaning Up on the Hospital Field—The hospital, the whole hospital and nothing but the hospital is the subject of the Midland Chemical Laboratories' (Dubuque, Iowa) new catalogue. Cleaning compounds, dishwashing compounds, baby soaps, surgical soaps, disinfectants, germicides, floor finishes and even the mops and brushes to use in the application of some of these products are offered in interesting and liberally illustrated array for the consideration of the prospective purchaser.

Rolls, Slides and Glides à la Darnell—"Merrily we roll along" is the song of the Darnell Caster upon which office chairs and grand pianos are said to travel with equal facility. The Darnell Caster and Wheel Manual of the Darnell Corporation, Ltd., Long Beach, Calif., contains detailed information and prices of the various types of casters and other furniture accessories—glides and desk shoes—manufactured by this company.



JUST off the press . . . into the mails . . . into the hands of more than 6,000 hospital superintendents and purchasing agents—the Will Ross catalog for 1937!

The first Will Ross catalog, issued almost twenty years ago, was a "sensation" . . . because it dared to present net wholesale prices, plainly marked and stripped of all discounts, rebates and other camouflage. It offered all purchasers of hospital supplies, whether large or small, the same buying opportunities; . . . the same quality merchandise, with exactly the same price advantages to all.

That first Will Ross catalog established a tradition, the soundness and rightness of which has become more and more apparent as the years rolled by. As a result, the Will Ross catalog became and is today the looked for book of the year—a more or less indispensable accessory in the business office.

The newest Will Ross catalog . . . your buying guide for 1937 . . . contains many new items; up-to-date price information; detailed merchandise descriptions. In it we try to tell you everything you need to know about the hospital supplies you want to buy. If a copy has not come to you, please tell us. Merely pin the coupon to your letterhead and mail to us.

Free Catalog Request Coupon

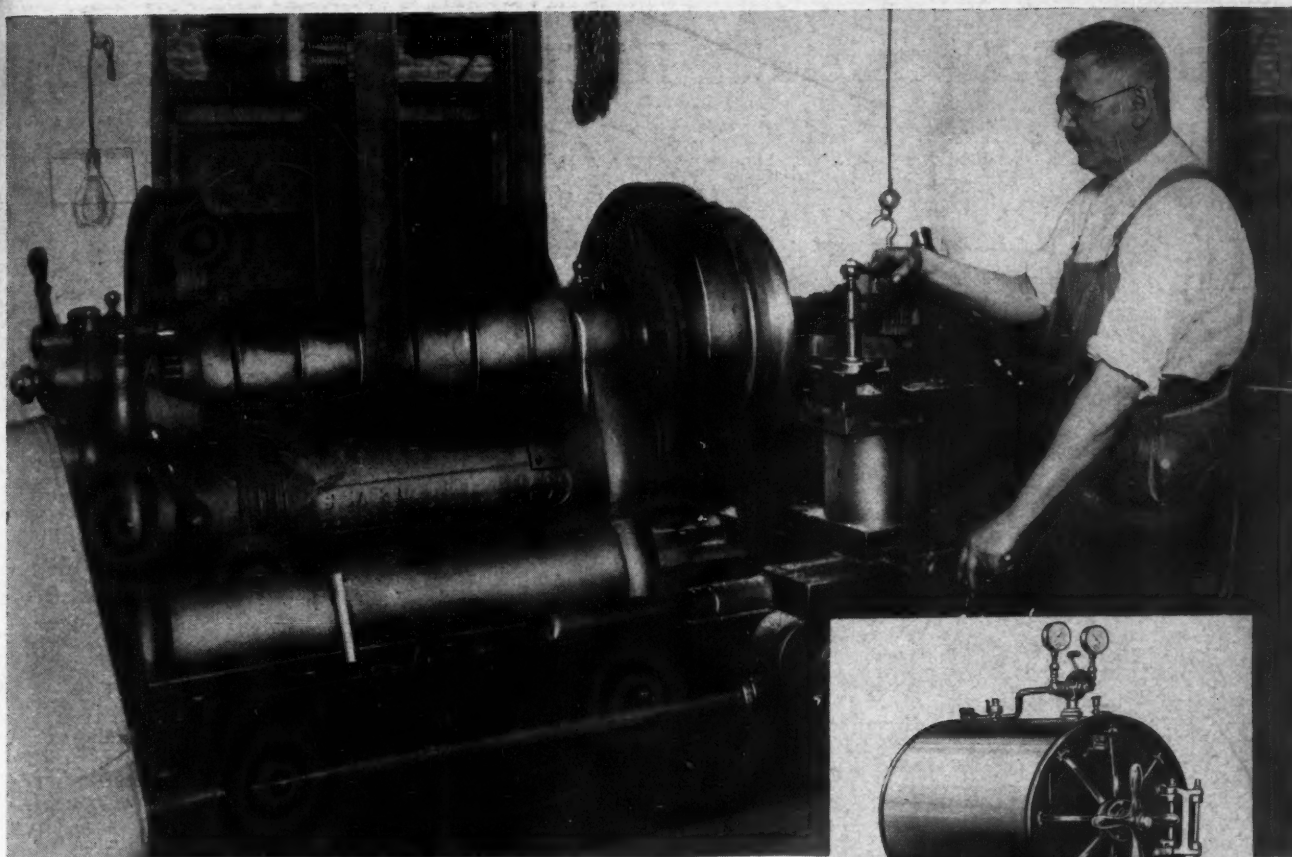
WILL ROSS, INC., 3100 West Center Street, Milwaukee, Wis.
A copy of your new catalog will be appreciated.

Name of Hospital.....

Address.....

Requested by

W I L L
Manufacturers and Distributors

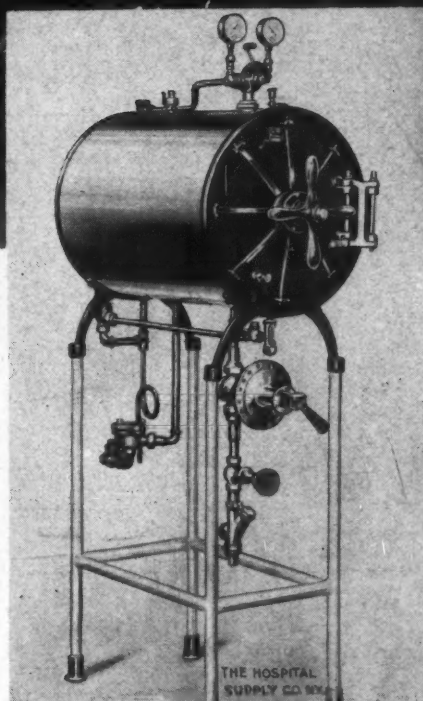


A CUSTOM-BUILT STERILIZER

IN a sense, *every* new item . . . designed and manufactured by Hospital Supply . . . has been "Custom-built." Not custom-built to meet the perhaps unusual needs of a single individual . . . but custom-built to meet the exacting vigilance and needs of the majority of American hospitals of the day, in the interest of both patient and nurse. •

Close scrutiny and study . . . plus years of inside contact . . . in hundreds of hospitals . . . has made possible the creation of epochal betterments in equipment.

Thus, through more than 38 years' leadership in the advancement of hospital equipment . . . Hospital Supply Company has permanently won the name of pioneer.



Climax
STERILIZERS
& DISINFECTORS

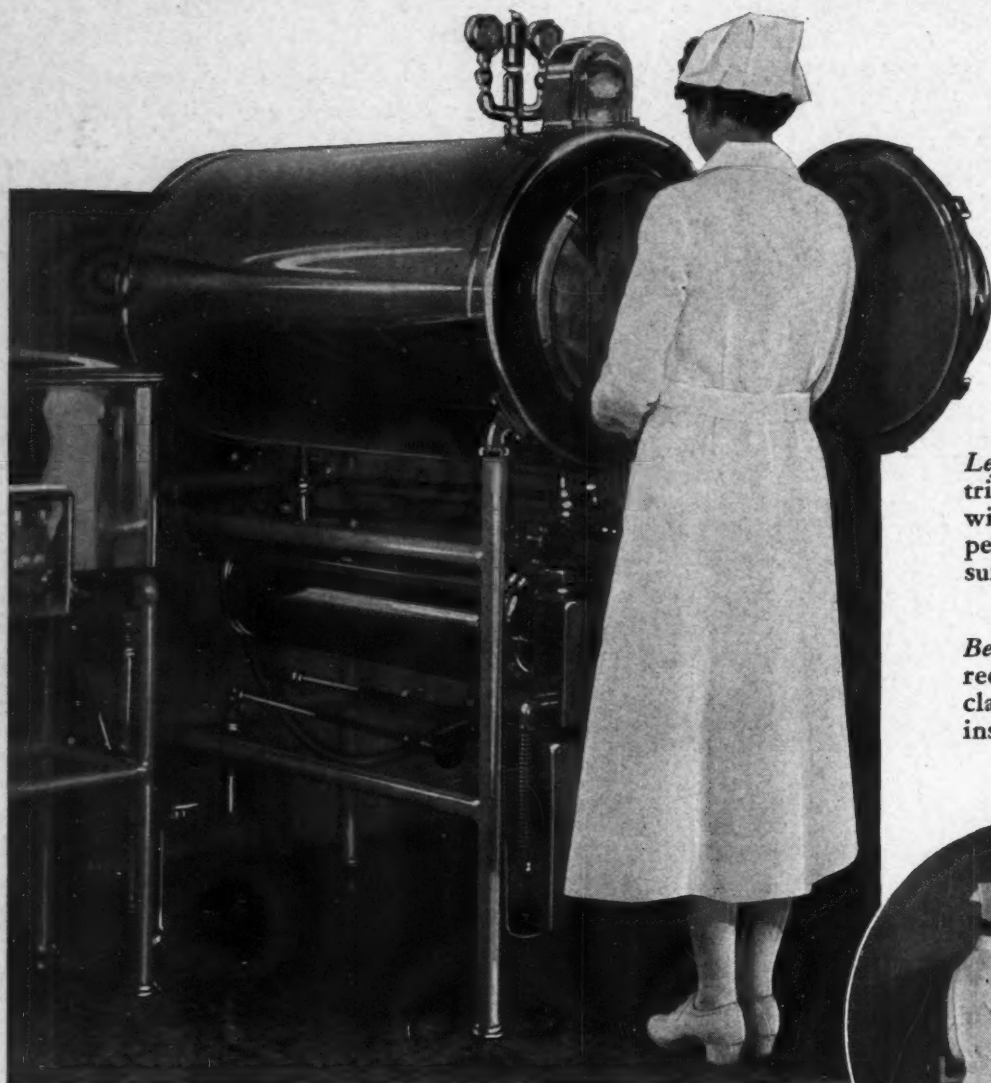
MANUFACTURERS FOR 38 YEARS

HOSPITAL SUPPLY COMPANY

FACTORY AND SHOWROOMS 155-7-9 E. 23rd ST.

NEW YORK, N. Y.

Added Conveniences in Surgical Sterilization



Left: "White Line" electric autoclave, 20x48", with containers for expeditious handling of surgical supplies.

Below: "White Line" direct steam heated autoclave equipped with instrument trays.



The "White Line" dressing sterilizer insures positive sterilization with extremely convenient control. Important features include safe locking door, Pauley automatic air and condensation ejector, selective control for sterilizing at 15 or 20 lb. pressures, as required, thermometer for checking sterilizing temperatures.

The electrical equipment is substantial, rapid heating, protected from accidental burnout, free from open arc hazard.

Write for complete catalog of modern hospital sterilizers including engineering data and suggestions for planning an efficient installation.

SCANLAN-MORRIS COMPANY

MADISON, WISCONSIN, U. S. A.

"The White Line"

Associated Firms
Operay Laboratories, Inc.
Surgical Lights
Scanlan Laboratories, Inc.
Surgical Sutures

HOSPITAL FURNITURE
STERILIZING APPARATUS

Branches

Chicago: 58 E. Washington Street
St. Louis: 3718 Washington Blvd.
New York: 23-5 E. 26th Street

The MODERN HOSPITAL

Announcing **The JAMES L. ANGLE CO.**

LUDINGTON • MICHIGAN

Manufacturers of

**— INSTITUTIONAL —
— FURNITURE —**

A new organization composed of executives and factory supervisors, long associated in the production of specially constructed wood furniture for institutions.

If you are contemplating a refurnishing program, whether it be for a single room, dining room, or an entirely new installation, by all means write us for complete details. You'll find that our products combine to an unusual degree first quality and prices that represent sound economy. Complete layouts and quotations will be gladly submitted entirely without obligation on your part.

The JAMES L. ANGLE COMPANY
Ludington, Michigan



JAMES L. ANGLE

Formerly General Manager of Stickley Bros. Co. specializing in institutional furnishings for 15 years.



WILLIAM E. EDDY

Formerly Secretary & Treasurer, with Stickley Bros. Co. for 18 years, now associated with the Angle Co. in a similar capacity.



LESTER J. HARVEY

Formerly with Stickley Bros. Co. for 15 years, in charge of Sales Promotion.

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BARD

It's Sharp

A B A R D -

The advertisement features a black and white photograph of several surgical instruments, including scalpels, forceps, and scissors, arranged diagonally across the frame. The word 'BARD' is prominently displayed in large, white, serif capital letters at the top. In the center, there is a circular logo containing a stylized surgical instrument and the slogan 'It's Sharp' in a cursive font. At the bottom, the word 'A B A R D -' is written in large, white, serif capital letters.

PARKER Rib-Back blades *Excel*

This is not difficult to understand, whether you analyse their purchase from a technical or financial standpoint.

Technically . . . B-P Rib-Back Blades have created and maintain a standard of uniformity as to sharpness, rigidity and strength. They are designed to afford the surgeon the finest quality surgical blade that can be produced.

Financially . . . Every package of B-P Rib-Back Blades you purchase delivers its full quota of cutting efficiency. There are no wasteful rejections by the surgeon.

Bard-Parker Rib-Back Blades are "reject" free. They eliminate waste of material and time . . . factors of importance to both the surgeon and the hospital purchasing agent.

Ask your dealer

BARD-PARKER COMPANY, INC.
DANBURY • CONNECTICUT

P A R K E R P R O D U C T

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WHY *try to* GUESS?

WHEN YOU CAN KNOW!

What is the right way to keep your floors new and beautiful? Which is going to save you most in the long run—electric floor polishing and scrubbing or hand mopping and polishing? If you decide in favor of the machine, which should you choose—a small machine or a large one? Why try to guess the answer to these important questions when you can *know*?

We have a simple plan, based on our years of experience that will give you facts upon which you can make a right decision. This service costs you nothing. We cannot know in advance what the survey may show. We do know that it has in the great majority of cases shown the true condition of the floors, the facts as to the actual cost of the present maintenance methods. It has shown with amazing accuracy the probability of savings as well as improved cleanliness and appearance.

We offer you this service free. Then, if you wish, we stand ready to furnish you a service that will assure the full possibilities shown by the survey. Finnell floor polishing and scrubbing machines are the most complete line in existence. Finnell floor finishes include virtually everything for floor maintenance—Gloss Seal in several types, a full line of waxes both paste and liquid, headed by Finnell Kote, the unique hot process wax, also soaps, soap powders.

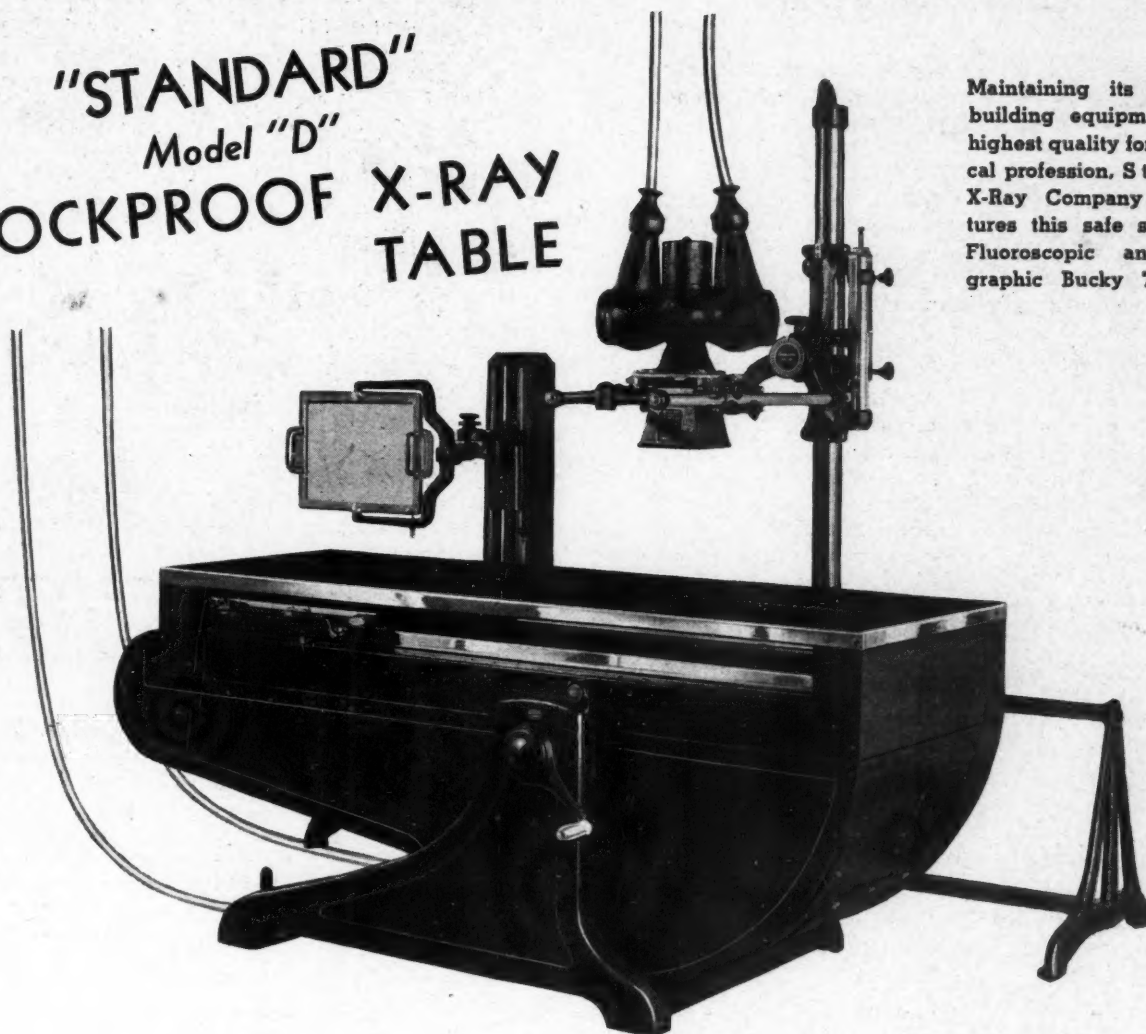
ASK FOR FREE SURVEY. Upon your request, one of our trained men will make a complete survey of your floors, and give you the facts upon which you can act with assurance. Address: FINNELL SYSTEM, INC., 1412 East Street, Elkhart, Indiana.

FINNELL SYSTEM OF FLOOR MAINTENANCE

MODERN X-RAY EQUIPMENT FOR THE MODERN HOSPITAL

"STANDARD" Model "D" SHOCKPROOF X-RAY TABLE

STANDARD



Maintaining its policy of building equipment of the highest quality for the medical profession, Standard X-Ray Company manufactures this safe shock-proof Fluoroscopic and Radiographic Bucky Tilt Table.

The table provides full length Fluoroscopy and Bucky Radiography in all positions from vertical to Trendelenberg. Regularly supplied in an attractive finish relieved by striping; available in special colors to harmonize with any color scheme. The placing of patients, especially the transfer of helpless stretcher cases, is greatly facilitated by the smooth unobstructed front and table top. No part of the mechanism projects over the table.

Write for descriptive folder or our general catalog



STANDARD X-RAY CO.

PIONEERS OF SAFETY

1932-42 North Burling Street, Chicago, Ill.

*A Complete
Line of X-Ray
Equipment*

*For 29 years we have
manufactured X-Ray equip-
ment at reasonable prices.
Distributors in all principal
cities.*

'Course, Doc, I AIN'T SAYIN' YOU AIN'T SMART...

A "Hill-billy" Philosophizes

READING TIME ★ TWO MINUTES



"'COURSE now, Doc, I ain't sayin' you ain't smart. I seen your think-box work and I know better. But I am sayin' if 'twarn't fer that rubber-tube listenin' thing and your magnifyin' glass and a lot of other thing um-a-bobs you probably wouldn't know much more of what's the matter with me than I do."

It was "Windy" talking. Windy, from the hills back yonder, whom everybody liked even if he did talk a lot. And beneath his crude speech there was many a nugget of sound philosophy.

Windy was ill. His first visit to the hospital. And while Doctor Thorpe, chief of staff, examined him, he exercised his privilege of free speech.

"It's kind of this way, Doc. Supposin' Lindbergh never had no 'Spirit of St. Louis.' Would he be a World Hero? 'Course not. He'd still be flyin' the mail er some such thing and he'd still be jist 'Slim' 'stead of Colonel.

"Er Christopher Columbus. Supposin' Queen Isabella had never guv him no jewels to buy ships. You and me would never have heard of him. He'd prob'bly died with everybody

sayin' he was pixilated. Mebbe you and me would've been born in some stone shack in Europe with pigs an' cows in the next room.

"Ain't it the truth, Doc? Couldn't you name lots of others? Why that Shakespeare feller made some king holler, 'My Kingdom for a horse.' Guess he found that bein' a king didn't help none when his horse got away, and a big battle on.

"An' take this hospital, Doc. What good would it be even with all you wise birds around if you didn't have swell testin' glass things and stuff to put in 'em to tell how my eatin' is comin' along, or how salty my blood is. Er fine operatin' rooms so you can look inside me and see me tick better without lettin' a whole flock of bugs start gnawing at my innards.

"Doc, if 'twarn't fer that kind of stuff this would be just another house and you'd just be a purty smart feller. But purty soon I'd be dead, prob'bly, and your job wouldn't be much better than an Injun Medicine Man's."

Finally Doctor Thorpe spoke. "You're right, Windy. All of my education and special training

wouldn't be worth much if it wasn't for the equipment which makes it possible for doctors like myself to put our knowledge to use.

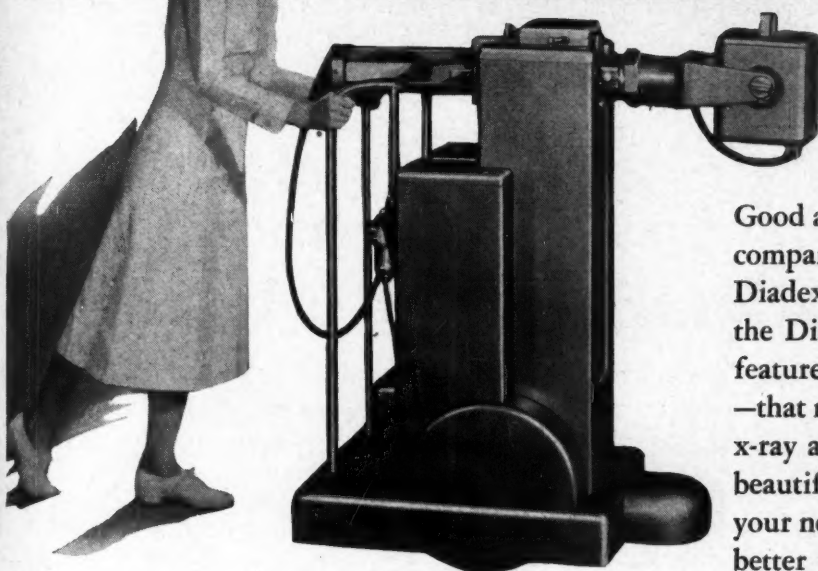
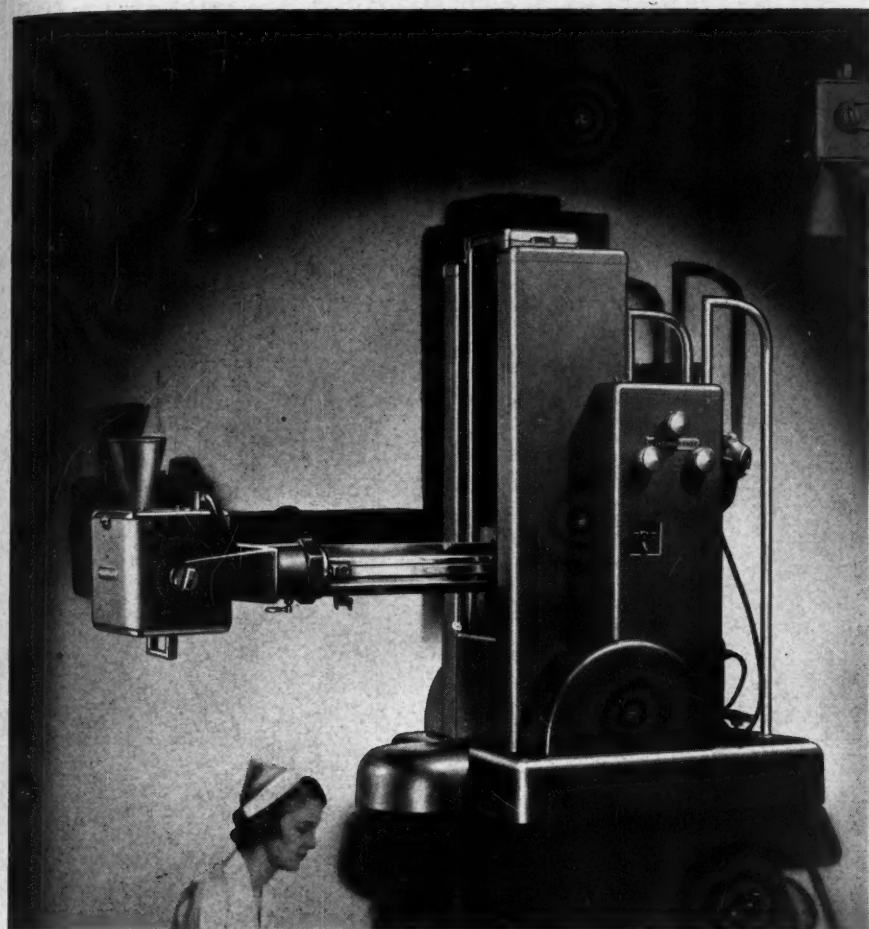
"And the best hospitals, Windy, have to have the finest of equipments and supplies to make medical knowledge of greatest use to all of us. Without such a physical plant our skill and science would be pretty helpless."

★ ★ ★

The soul of genius is humility. Sometimes it is well for us to remember, in our professional zeal, that "the hewers of wood and the carriers of water" are also vital to successful hospital operation.

And the equipments and supplies that make for such success, likewise require high skill and science in their production. The makers of these products are truly the co-partners of hospital administrator and medical staff.

These leading producers of hospital goods tell the stories of their products in the advertising pages of *The MODERN HOSPITAL* and *The HOSPITAL YEARBOOK*. Through them the wise hospital administrator keeps abreast of latest developments.



Good as they may have been in their days, to compare an old 'bedside unit' with the new Diadex Mobile would hardly do. For only in the Diadex will you find the score of new features—mechanical, electrical, radiographic—that make it the most distinctive diagnostic x-ray apparatus, and by long odds the most beautiful one! We suggest that you see it at your nearest Westinghouse X-Ray branch, or better yet, ask for a demonstration in your own hospital where it can prove itself under your own working conditions, with your own technique. Obligation—certainly not. We welcome the chance to have you judge it yourself.

The Diadex Mobile

WESTINGHOUSE X-RAY CO., INC., LONG ISLAND CITY, N. Y.

SIX *New Improvements*

**FOR GREATER
COMFORT**



You CAN FEEL THE DIFFERENCE IN WILSON CURVED FINGER SURGEONS' GLOVES

● The time is past when surgeons have to be satisfied with the poorly fitting gloves made over the same old straight line forms on which surgeons' gloves have been made for years.

Wilson developed and patented and last year announced their curved finger feature — the first real improvement in the fit and comfort of surgeons' gloves. Now, entirely new forms have been designed which add six definite and important refinements in the shape of Wilson Gloves.

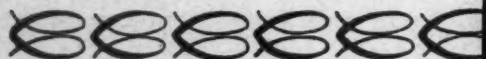
These newly designed forms are used for both WILTEX white and WILCO, the brown latex gloves originated by this company.

For the greater comfort of surgeons and for greater economy of operation, order WILTEX or WILCO Gloves from your supply house when next you order gloves



Both WILTEX White and WILCO Brown Latex Gloves may be had in the improved curved finger — with smooth or Firmhold Finish.

The **WILSON RUBBER CO.**
World's Largest Manufacturers of Rubber Gloves
CANTON, OHIO





SIMPLE
DEPENDABLE
ACCURATE

THE LINDE R-50 *Oxygen Therapy* REGULATOR

FEATURES

Cylinder Contents Gauge shows in quickly readable fractions the amount of oxygen in the cylinder—also, the amount in liters and cubic feet.

Flow Indicator Gauge indicates, in liters per minute, the volume of oxygen being delivered.

Large Handle permits easy and positive adjustment of gas flow.

Two Stage Reduction Principle assures constant flow of oxygen.

Silencer muffles the sound of the gas flow.

The Linde R-50 Oxygen Therapy Regulator has been accepted by the Council on Physical Therapy of the American Medical Association.

THE Linde R-50 Oxygen Therapy Regulator fulfills the requirements of a pressure-reducing and regulating device for all phases of oxygen therapy application. It is easy to handle, dependable in operation, and accurate in maintaining a desired constant flow of oxygen.

Years of cooperation with hospitals and physicians have enabled Linde to develop the Linde R-50 Oxygen Regulator; to keep Linde Oxygen, U.S.P. constantly available; and to furnish valuable technical information and advice on the mechanical phases of oxygen therapy administration.

Complete information on these important activities is available without obligation. . . . Just check on the coupon the subjects that interest you, sign your name and address, and mail it . . . now.

THE LINDE AIR PRODUCTS COMPANY

30 East 42nd Street, New York, N. Y.

☐ Please send the folder, "Linde R-50 Oxygen Therapy Regulator".

☐ Please send the booklet, "Oxygen Therapy—List of Available Reprints and References".

☐ Please arrange for a showing of the new Linde Motion Picture, "Current Practices in Operating Oxygen Therapy Equipment" at my hospital.

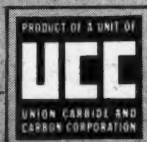
☐ Please send a representative.

Name.....

Address.....

Position.....

LINDE
U.S.P.
OXYGEN



THE LINDE AIR PRODUCTS COMPANY

Unit of Union Carbide and Carbon Corporation

General Office:

30 East 42nd Street, New York



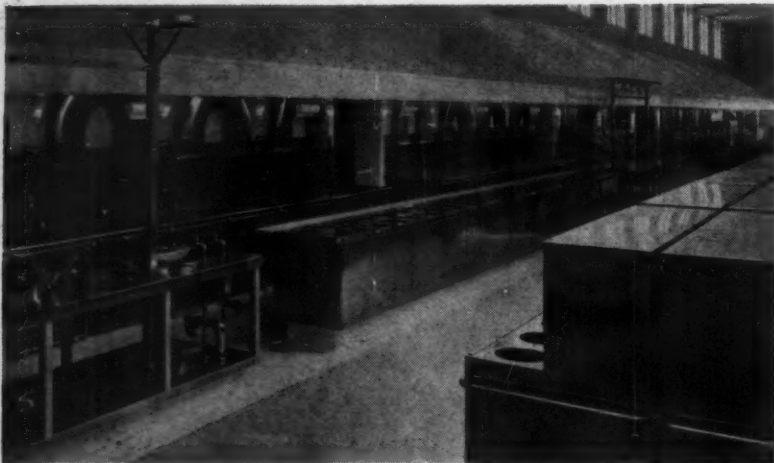
Offices in Principal Cities

69 Plants—97 Warehouse Stocks

THE WORLD'S LARGEST PRODUCER OF OXYGEN

Business Manager and Chief of Staff **AGREE—**

*One says, "Keep costs down"
The other says, "Keep sanitary standards up"
Both say, "Buy Equipment of Monel Metal"*



Main kitchen in Los Angeles County Hospital, Los Angeles, Calif. Monel Metal food service equipment installed by National Cornice Works of Los Angeles.



YOU'D like to keep your budget in balance, of course. But never at the cost of lowered standards of cleanliness. And you're right. In choosing any equipment from laundry to operating room, you never compromise with absolute sanitation . . . no matter what the cost.

But there's ONE metal widely used in hospitals which satisfies both operating management and chief of staff. You find Monel Metal, among many places, in sterilizers, in hospital kitchens and laundries, and as tops for cases in surgical dressing rooms.

Monel Metal makes it easy to keep perfect sterility. It can not rust. Its solid surface has no coating to crack or chip. It is highly resistant to corrosion from most hospital solutions. Its silvery surface gleams cheerily at you through years of hard service.

And for these same reasons . . . because Monel Metal can be kept **CLEAN** with ease for years after other metals have had to be discarded . . . Monel Metal cuts down replacement cost and helps balance the budget.

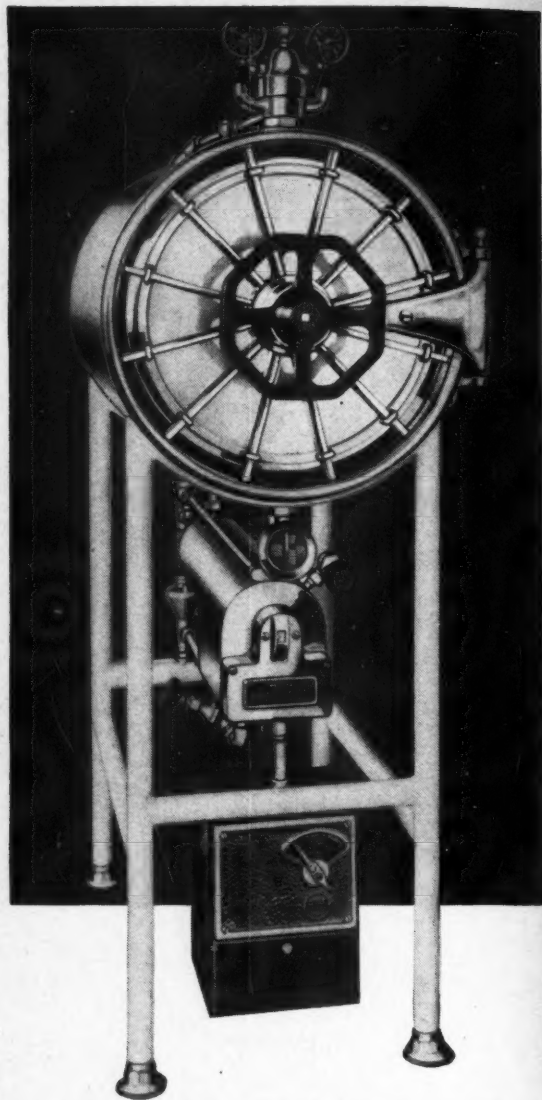
Monel Metal can be fabricated by all standard methods, to form any of your equipment. Prices will surprise you pleasantly too. Give Inco's engineers the chance to furnish you full information.

THE INTERNATIONAL NICKEL COMPANY, INC., 67 WALL STREET, NEW YORK, N. Y.



Monel Metal is a registered trade-mark applied to an alloy containing approximately two-thirds Nickel and one-third copper. Monel Metal is mined, smelted, refined, rolled and marketed solely by International Nickel.

MONEL METAL



Sterilizer shells fabricated by American Sterilizer Company of Erie, Pa. Walls of the Sterilizing chamber and the steam jacket are made of Monel Metal as well as outside shell.

(Left) Built-in cases installed by the General Fireproofing Company, Youngstown, Ohio, in the surgical dressing room of the Youngstown City Hospital, Youngstown, Ohio. Monel Metal tops were standard equipment on several hundred of these units.



American Monel Metal Cascade Washers and Extractors in the Doctors Hospital, New York, N. Y., manufactured by the American Laundry Machinery Company, Cincinnati, Ohio.



Every day—all year round—the man at the purchasing desk keeps tabs on the "health" of his equipment. He always knows how many towels are in fine condition . . . how many are fair . . . and how many should be replaced.

Most hospital buyers prefer Cannon towels because they stay in the fine-condition class so long. They're made for hard work, that's why. Stains and laundering don't mean a thing in their young lives—or later lives either. They're made of better cotton, and made better.

And yet they cost less, because Cannon makes and sells

more of them. You really have your choice of two ways to save: Buying better quality at your regular price, or your standard quality for less.

There are Cannon sizes, weights and weaves for every hospital purpose. Your jobber has samples of the towels you need at the price you want to pay. Ask him to show them to you. . . . Cannon Mills, Inc., 70 Worth Street, New York City. World's largest producers of household textiles.

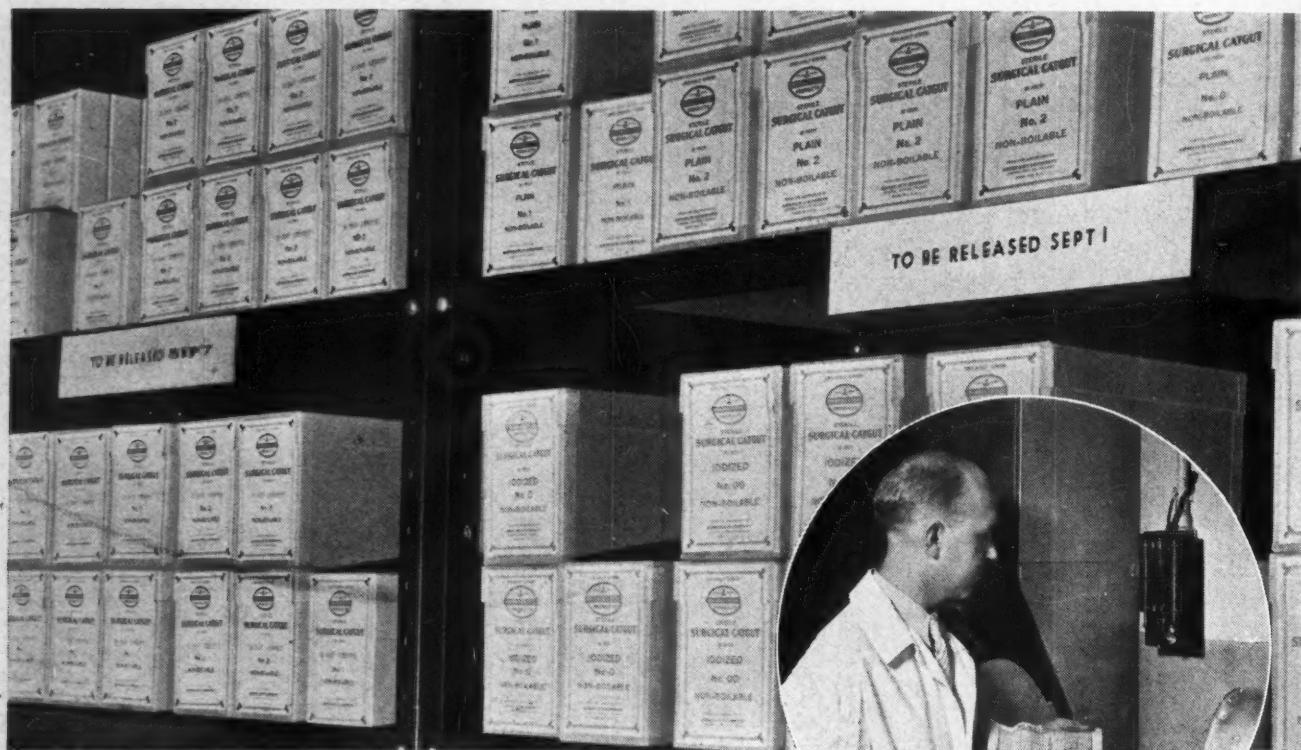
NATIONAL ADVERTISING TELLS ABOUT CANNON TOWELS TO MILLIONS OF PEOPLE, INCLUDING MOST OF YOUR PATIENTS.



CANNON TOWELS

ARMOUR'S NEW PROCESS LIGATURES SPEND 16 DAYS IN ...

Quarantine!



EVERY lot of Armour's New Process Ligatures is held for 16 days after it is packed and ready for distribution. These days are spent in final tests to make sure the sutures are *right* in every way. They are tested for these five qualities:

1. Tensile strength
2. Breaking strength
3. Chromium content
4. Gauge
5. Sterility

You would be amazed at the lengths to which we go in our new laboratories to insure absolute sterility. And before distribution we not only make careful ster-

ility tests of large samples from each lot of sutures in our own laboratories, but we have other samples checked by one of the best independent laboratories in the country.

EVERY SUTURE MUST BE FOUND STERILE OR THE ENTIRE LOT IS DESTROYED ... and, of course, they must pass the other tests, too.

But we don't stop here ... We actually buy samples of our own sutures on the open market and give them the same careful examination! ... That's why we say,

*You Can Feel Perfectly Secure With
Armour's New Process Ligatures
and Sutures*

Note: On request, we will gladly send surgeons a new booklet describing the entire method of making Armour's New Process Ligatures and Sutures.

ARMOUR'S New Process SURGICAL LIGATURES

**60-In. Plain and Chrome
Boillable and Non-Boillable**

10, 20, 30, and 40 day
Sizes 000, 00, 0, 1, 2, 3, 4

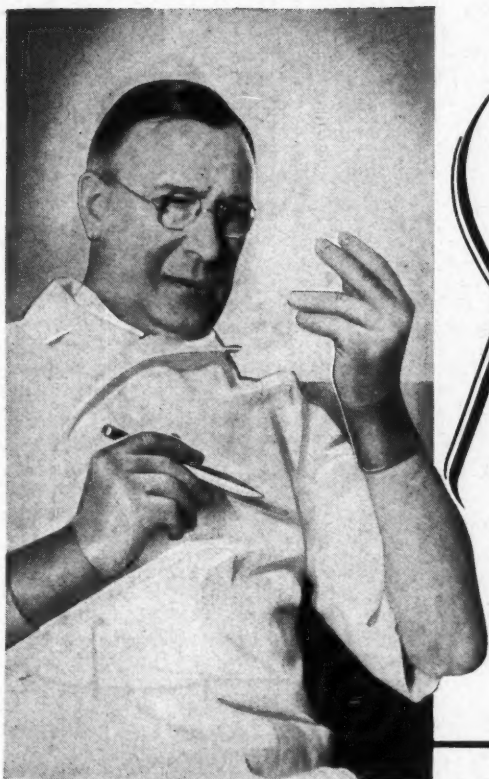
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Sizes 000 to 4

Chrome Boillable
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U.S.Y. CHICAGO



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gloves are
alike!*

● No one can judge the value of surgeons gloves better than those who are continually using them. They know there is a surprising difference in "fit," that tight fitting gloves lead to finger cramp, that loose, flabby gloves deaden the sense of "feel" and impair finger facility.

For real glove comfort, try Matex. Made to fit your hand like a second skin. The exclusive "comfort curing process" tempers the resiliency of pure latex — allowing the glove to instantly respond to every quiver of the fingers.

Ideal comfort, plus the original dermatized slip proof finish — plus the exclusive armored wrist, which stops wrist tearing — these are Matex *dermatized* features that deservedly have won professional preference.

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MATEX Armored Wrist Gloves... Without comparison, the finest surgeons gloves ever made. Thin — strong — tough. Dermatized slip-proof finish. Armored, no tear wrists. Fit and feel like your own skin. Priced at \$4.00 per dozen, (\$42.00 per gross) but worth much more.



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"A PLACE for everything and everything in its place" is a hospital necessity—towels, sheets and all linen should be marked for each ward or department with CASH'S WOVEN NAMES. Uniforms and all wearables of nurses, orderlies, doctors should be identified individually. Lost laundry, mislaid linen, wrongly used towels mean losses in money, in time, in sanitation, in good management.

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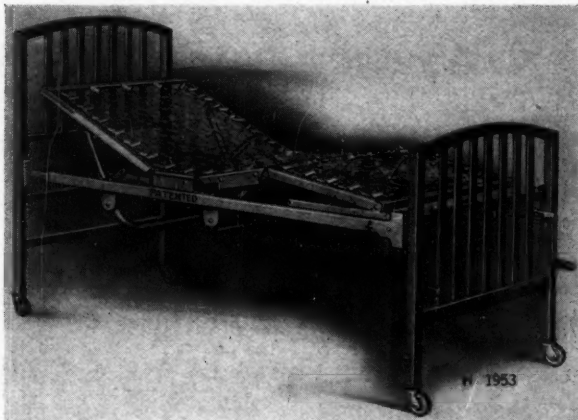
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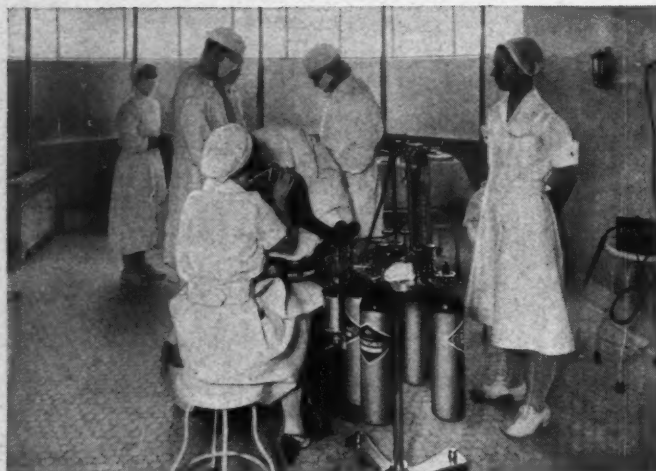


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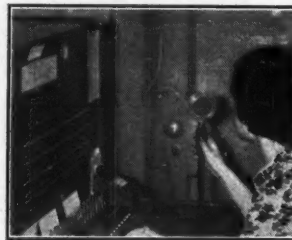
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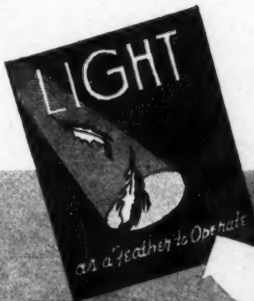
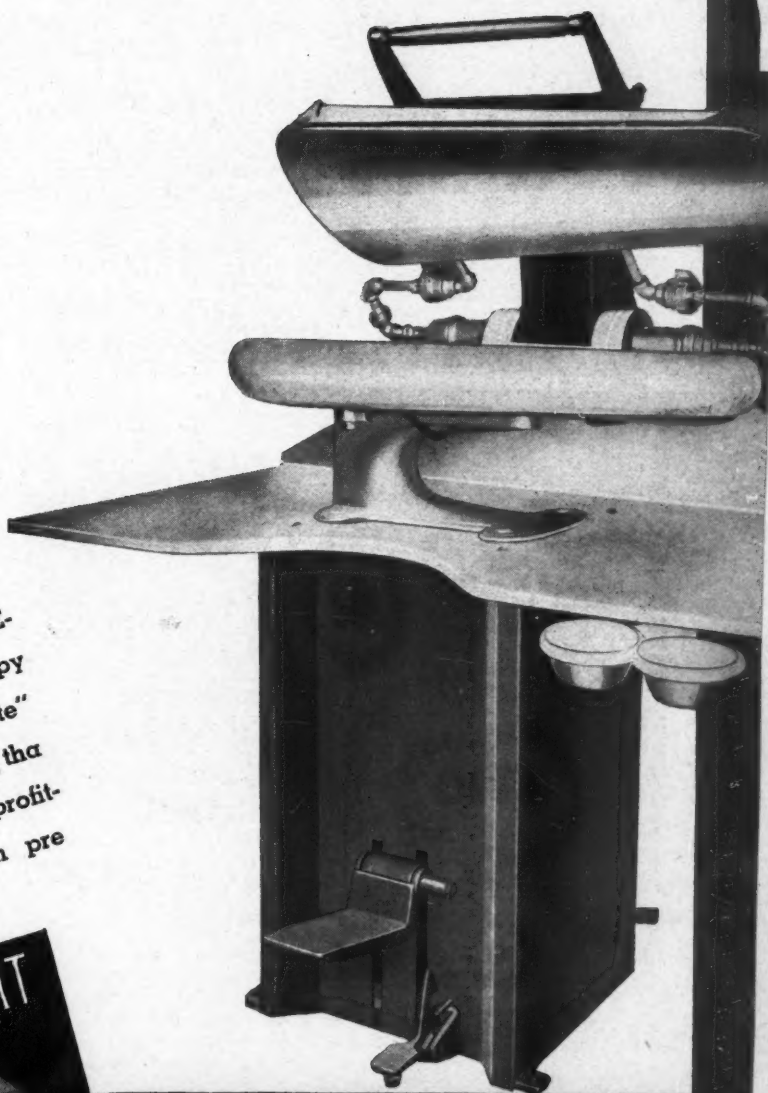
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To obtain a full description of the new MINUTE-MAN . . . mail the coupon below for a copy of the folder "Light As a Feather to Operate". You'll readily understand, after reading it, that Troy has made a distinct contribution to profitable finishing department operation in presenting the MINUTE-MAN.



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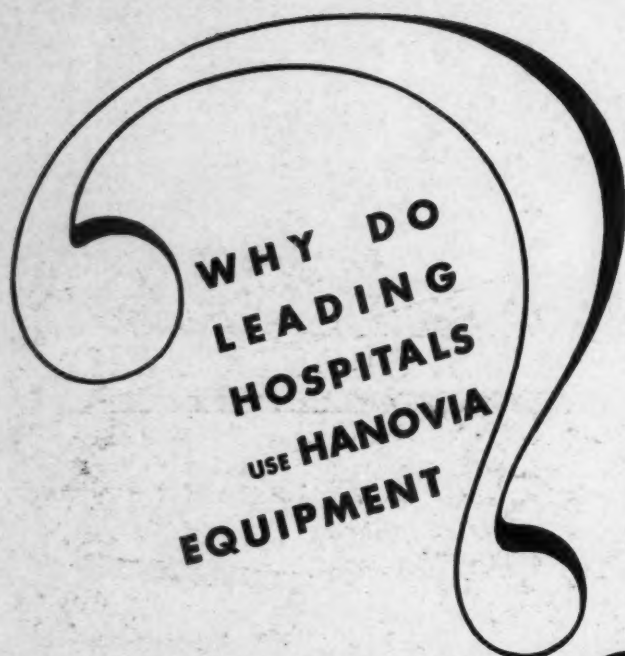
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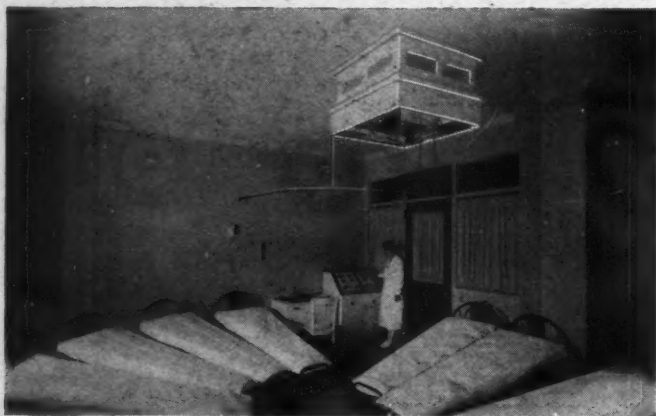
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**THROUGH *the* SAVINGS
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ACTUAL records . . . the experience of leading hospitals using Oakite materials show that dependable Oakite cleaning pays for itself through the savings it makes.

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For example, an ounce of Oakite to a ten quart pail of hot water will clean marble, tile, terrazzo, wood or linoleum floors quickly, thoroughly and economically.

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Everywhere in your institution . . . in main and diet kitchens, in wards and operating rooms, in your laundry . . . OUNCES of Oakite materials do the work of cleaning and washing instead of pounds or scoopfuls required with other materials.

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SPECIALIZED INDUSTRIAL CLEANING MATERIALS & METHODS



Hundreds of comparative test washings with Calgonite and the best available detergents told the same story—nothing known to science or commerce that gives the sparkling results of Calgonite.



in England

The British people were quick to see the value of Calgon and Calgonite—their complete mastery of lime deposits in water—and our British associates have seen both products strongly entrenched in their respective fields.

There's a story in this picture. It's more than a tale of two plates, or two tumblers. It's a story of light refraction and the camera's unerring eye, guided by scientists seeking facts. It's a story of dishes, smeared with peanut butter, lard and butter, (few things are harder to get off), given 25 consecutive washings in two machines, side by side, and then photographed just as they came out of their respective machines.

Why should light pass through one plate and tumbler, yet be refracted by the other two? Simply because Calgonite gives you dishes that are *really clean*. There's no fogginess, or film, or stain from lime deposits. If it will do this with dishes and glasses, imagine what it can do for silverware and aluminum trays—the savings it will give you on "china dips," toweling

and burnishing—the clean, trouble-free performance you will get from your dishwashing-machines.

Calgonite, which will do things no other detergent will do, is basically compounded of Calgon, both developed by Hall Laboratories, Inc., in collaboration with the Calgonizing Fellowship at Mellon Institute of Industrial Research. A demonstration will convince you that you need it to make your dishes live up to the attractiveness of your trays.

calgonite

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GARLAND
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HOTEL
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GAS IS THE IDEAL FUEL

and at its best when used with
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They will tell you that since they have installed new, modern, insulated, heat controlled ranges and the latest methods of "ceramic" broiling in their kitchens that they have reduced their operating costs, have better quality cooking with increased customer satisfaction.

Do not take our word for this. Get the facts from any Garland user. We suggest you look over your kitchen equipment now. Write us for information on your kitchen needs.

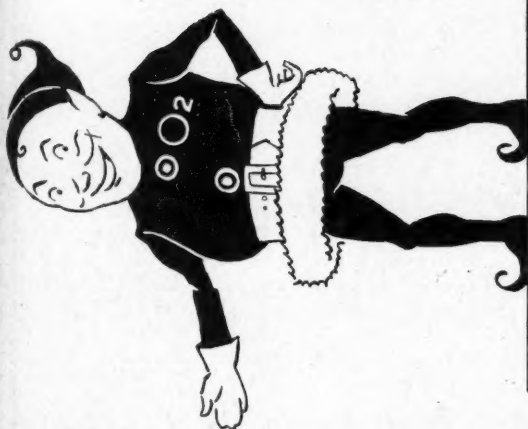
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Oxygen Says:

"During the past few years I have become an increasingly important factor to the Medical Profession. I am now being used preoperatively, postoperatively, in pneumonia, asthma, chronic heart conditions, etc. **BUT**, to do my best work therapeutically, I must be administered immediately following diagnosis, and continued until I have completed my task."



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LEADING MAKES OF OXYGEN TENTS
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When Life Is at Stake**

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IN ORDER THAT I MAY GET AN ACCURATE PICTURE OF YOUR PROBLEM, I SHOULD LIKE TO MAKE A COMPLETE SURVEY, WITHOUT OBLIGATION ON YOUR PART



**AND
2 MONTHS
LATER, ON
A RETURN
VISIT**



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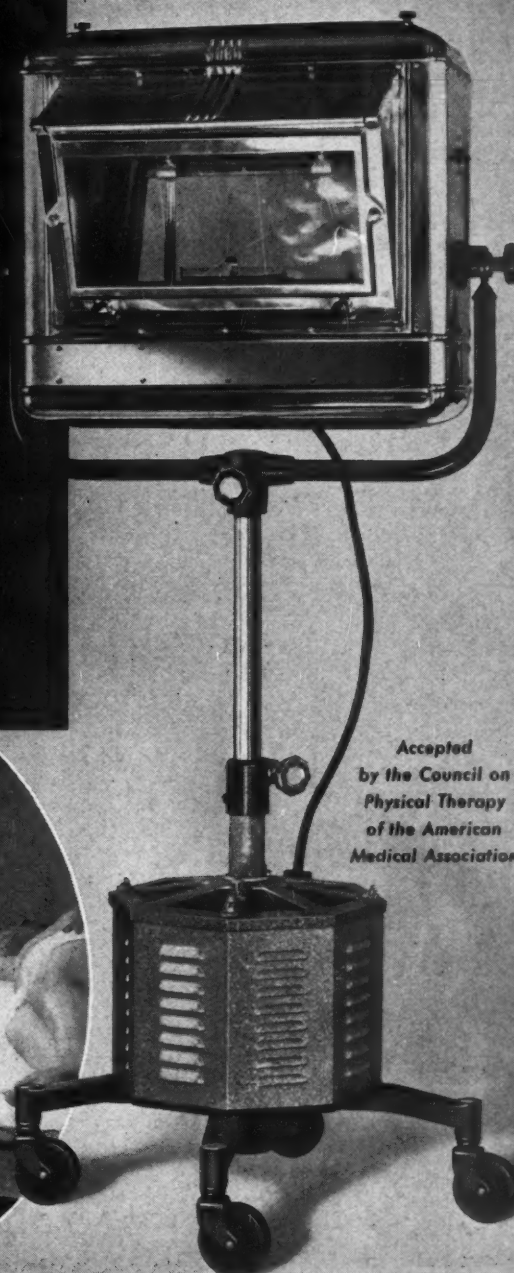
THE AMERICAN LAUNDRY MACHINERY COMPANY, CINCINNATI, OHIO

THE NEW EVEREADY

TWO-BED CARBON ARC LAMP MODEL A22

A POWERFUL AND EFFICIENT SOURCE OF
ULTRA-VIOLET RADIATION
FOR HOSPITAL OR SANITARIUM

For the average patient, an exposure of 1 to 2 minutes at 40 inches from the bare arc results in perceptible erythema when lamp is equipped with Eveready Therapeutic High Intensity "C" carbons. Eveready High Intensity "Sunshine" and Therapeutic High Intensity "E" (infra-red) carbons afford flexibility in character of radiation.



Accepted
by the Council on
Physical Therapy
of the American
Medical Association

THE Eveready Two-Bed Carbon Arc Lamp is designed for the simultaneous irradiation of two patients on adjacent beds. It is also well adapted to irradiating small groups of children, lying or seated at opposite sides of the unit.

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This lamp is of the transformer type and can be operated only on alternating current. It uses a single, 40 am-

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WRITE FOR FURTHER INFORMATION

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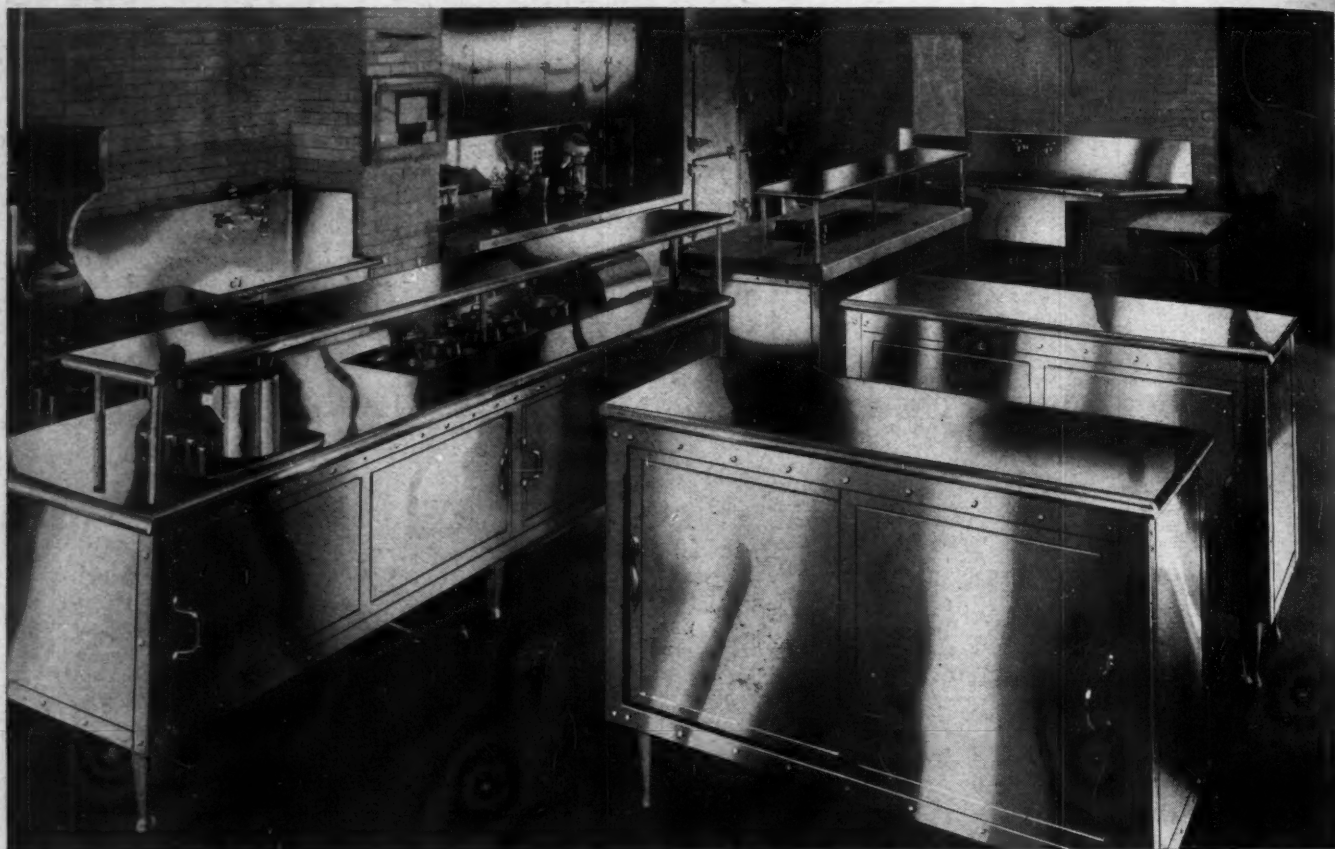
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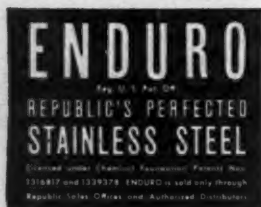
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Cleanliness assured...

IN THE CAFETERIA and KITCHEN



The illustration above shows some of the stainless ENDURO equipment which was installed in the kitchen and cafeteria of this large hospital *more than six years ago*. But the fact that this ENDURO equipment is still sparkling and sanitary . . . free from rusting or discoloration after six years' use . . . is only half the story. The other half is a story of money saving . . . real money saved in cleaning, in maintenance and in replacement costs. It's a story that will interest every hospital executive. Write to Department MH for full details.



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SHENANGO CHINA is commercial china at its best when examined for resistance against breakage and chipping, brilliance of glaze, beauty and uniformity of body color and freedom from blemish.

Distinctive modern patterns and shapes reflect an intimate knowledge of style trends and are offered in a wide variety of decalcomania and hand painted designs.

A complete line of Shenango Cooking Ware is made with thoroughly vitrified body, decorated in almost any solid color you choose

Shenango China will not only beautify your dinner service but reduce your costs. It has brought these advantages to many of America's most critical china buyers.

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A CUP OF GOOD HOT TEA



Let Tea play an important part in today's practice of feeding patients frequently

Light nourishment, given frequently throughout the day, is now regarded by most hospital directors as a procedure that is highly beneficial in speeding the recovery of convalescents.

Here, a cup of good hot Tea—properly brewed—plays a most important part. As one medical authority says: "A cup of Tea, taken with sugar and cream or milk, is the nutritive equivalent of a small saucer of breakfast food."

Nothing seems to create quite the same sense of well-being as a cup of hot Tea. Its piquant palatability and aroma delight the senses, while its mild, gentle, stimulating action helps relieve fatigue.

For those unable to leave their beds, frequent serving of Tea breaks the dull monotony of the day and acts to improve their mental outlook. Start serving Tea regularly — several times each day.

"Tea Promotes Cheerfulness"

—SAYS A FAMOUS
EUROPEAN PHYSICIAN

"After a cup of tea there is a feeling of great comfort. We feel lighter and less fatigued — which is due... to the combined action of the essential oils and the theine."

Turn to **TEA** Today!

...THE GOOD BLACK TEAS OF
INDIA, CEYLON, AND JAVA-SUMATRA

Here is a **BULLETIN**
you will
want!



... tells how to improve service and reduce operating costs of steam heated equipment used in hospitals.

MANAGERS and other persons responsible for the efficient operation of hospitals have a difficult role to play. In addition to the problems of personnel, they are also expected to be experts in the management of laundries, kitchens, power plants, etc.

To help the busy manager live up to expectations and actually produce savings in plant operating costs, Armstrong Machine Works has expended considerable effort to prepare a bulletin that tells in an understandable way just what steam traps to use in order to get perfect service from sterilizers, laundry machines, jacketed kettles, etc.

Ask for your copy of this bulletin now. No cost or obligation.

**ARMSTRONG
MACHINE WORKS**

802 Maple St., Three Rivers, Michigan

For better service and lower operating costs, use Armstrong Steam Traps on sterilizers, retorts, water stills, laundry presses, ironers, tumblers, calenders, kitchen steam tables, jacketed kettles, water heaters, engine room separators, drip legs, and steam mains.

There Are
THREE VITAL FACTORS
in Autoclave Sterilization



STEAM—The sterilizing agent and basic factor of autoclave sterilization often does not penetrate "air pockets" which can prevent safe sterilization in the autoclave chamber—Aseptic-Thermo Indicators will not react to dry heat. Steam must be present for reaction!

TIME—Exposure to steam for a sufficient length of time destroys bacteria. Time is a necessary element in the reaction of A.T.I.'s also—thus when exposed to steam, A.T.I.'s react only when the time period of exposure is sufficient to destroy all bacterial life.

HEAT—In a sufficient atmosphere of steam, maintained for a sufficient time, kills all bacterial life.

These three vital factors . . . heat, steam, and time properly correlated result in a condition which causes A.T.I.'s to react. This same condition kills all bacterial life. The attainment of this condition is the object of autoclave sterilization. Thus, a reacted A.T.I. is evidence of satisfactory sterilization.

A.T.I. is the only sterilizer control which requires all three factors for its reaction.

Book of 258 Indicators—\$5.00

[Note: Watch your mail for the next informative letter on autoclave sterilization. New and educational—read the entire series!]

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A.T.I.

Aseptic-Thermo
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When Horses Answered the Call

Hospitals Depended on Webb's Alcohol



T. F. Healey Collection

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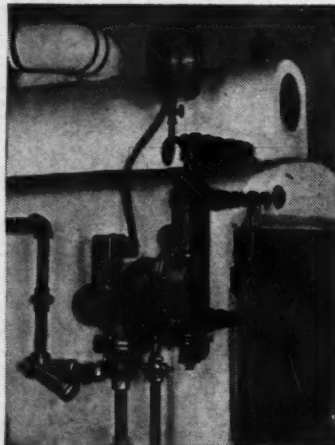
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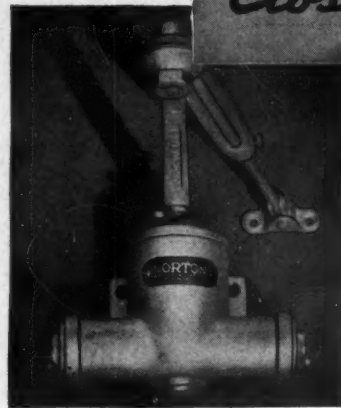
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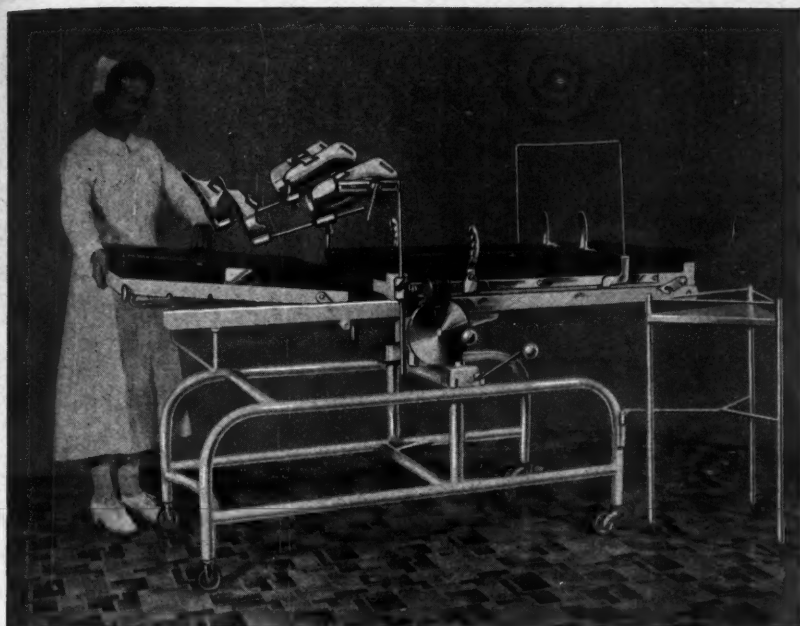
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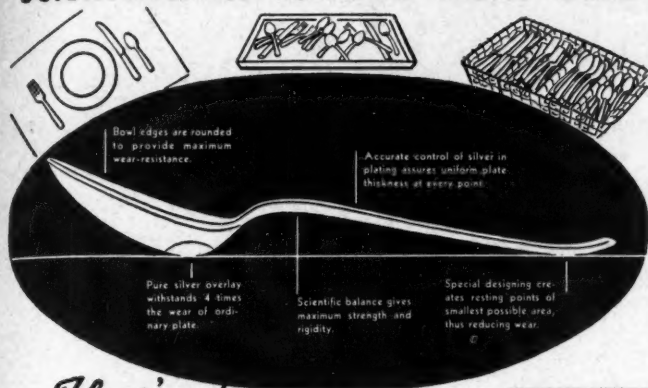
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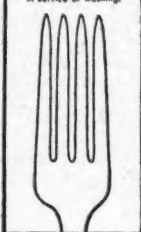
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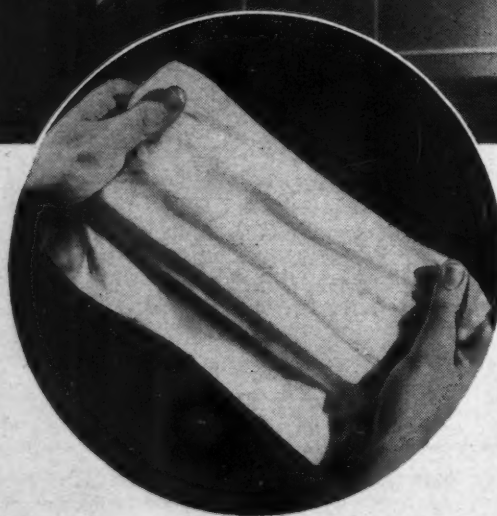
Influenza	Impetigo
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Diphtheria	Typhoid Fever
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ADMINISTRATOR—Position desired by R.N. Well qualified by training; with successful practical experience as hospital superintendent and business manager. Address M. X. 212, The MODERN HOSPITAL.

DIRECTOR OF NURSES—B.S. and graduate nurse degrees, state university; year of supervising, Yale; three years' instructing; five years, director of nurses, 225-bed hospital. 598, Medical Bureau, Pittsfield Bldg., Chicago.

HOUSEKEEPER—Ten years' executive experience in buying materials and equipments and in organizing housekeeping department. Five years full charge of laundry and linen room, nurses home and personnel. Address M. X. 210, The MODERN HOSPITAL.

PATHOLOGIST—Desires appointment; two year residency in pathology; five years, assistant professor of pathology, class A school and director of laboratories; university hospitals; exceptionally capable tissue diagnostician and hematologist. 600, Medical Bureau, Pittsfield Bldg., Chicago.

REGISTERED TECHNICIAN—Desires appointment; A.B. degree; 18 months' training in laboratory technique, one of country's leading clinics; five years, technician, office of prominent internist; three years, technician, university hospital. 599, Medical Bureau, Pittsfield Bldg., Chicago.

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SUPERINTENDENT—Man with 20 years' practical hospital experience desires position. Past 12 years, successfully directed well-known Eastern hospital. Available immediately. Address M. U. 180, The MODERN HOSPITAL.

POSITIONS OPEN

ADMINISTRATOR—Young physician, well trained and experienced in hospital administration, to take charge of large hospital; foreign country; knowledge of Spanish desirable. 589, Medical Bureau, Pittsfield Bldg., Chicago.

ADMINISTRATOR—SUPERINTENDENT—Graduate nurse with experience and executive ability; 200-bed Western hospital. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

ANESTHETIST—One willing to do some general duty; Gwathmey apparatus; 75-bed Southeastern hospital; \$55-\$60 and maintenance. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

ANESTHETIST—Protestant; on salary and percentage basis; Northwest. 125, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

ANESTHETIST—Catholic; for large Southern hospital; attractive location. 124, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

ANESTHETIST—For one of the leading hospitals in Midwest metropolis; must be well trained and thoroughly experienced; \$125, maintenance. 584, Medical Bureau, Pittsfield Bldg., Chicago.

ANESTHETIST—For relief work at night in obstetrical department of small hospital; San Francisco vicinity. 585, Medical Bureau, Pittsfield Bldg., Chicago.

ANESTHETIST-NURSE—Washington. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

ANESTHETISTS—(a) 200-bed hospital; willing assist with electrocardiograms and diathermy; \$90, maintenance. (b) 80-bed hospital; assist in clinic four afternoons weekly; \$85, maintenance. Business Womens Registry, 609 S. Grand Ave., Los Angeles.

ANESTHETISTS—New England and Southern hospitals; Protestants. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

ANESTHETISTS—(a) Graduate of recognized school; several years' experience; nice children's hospital; \$100, maintenance. (b) 75-bed Southern hospital; combined with obstetrics. (c) Night anesthetist; 300-bed hospital; good salary. (d) 65-bed Pennsylvania hospital; \$75, maintenance. (e) Combined with laboratory and x-ray; 45-bed hospital; excellent salary. (f) Combined with general duty; small hospital; \$75, maintenance. (g) Combined with laboratory work; 75-beds; East. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

ASSISTANT—Assistant superintendent of nurses for large hospital caring for chronic and convalescent patients; registered nurses in charge of wards; nursing done by attendants; 13-month course for attendants; affiliates for tuberculosis nursing; hospital is one of large group and offers excellent opportunities for advancement. 580, Medical Bureau, Pittsfield Bldg., Chicago.

ASSISTANT DIRECTOR—295-bed Middlewestern hospital; degree and experience in teaching and administration required. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

ASSISTANT DIRECTRESS OF NURSES—1,500-bed Eastern psychiatric hospital; some college work, teacher for licensed attendants, experience needed. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

ASSISTANT PEDIATRIC SUPERVISOR—Children's hospital connected with university in Midwest. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

CLINICAL INSTRUCTOR—300-bed Eastern hospital; degree required, advanced preparation in obstetrical or medical nursing desired. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

DIETITIAN—Capable taking charge of department, 225-bed hospital; must be thoroughly grounded academically, economical and cooperative; duties include buying and teaching; \$120, complete maintenance. 590, Medical Bureau, Pittsfield Bldg., Chicago.

DIETITIAN—Good manager; for 225-bed hospital; South. 126, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

DIETITIANS—General hospitals, Montana, Florida, Cuba. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

DIETITIANS—(a) 200 beds; South; must be excellent from all standpoints. (b) 125 beds; South; entire department to be reorganized. (c) 150 beds; Midwest; teaching and executive ability; beginning salary \$125. (d) Small hospitals; New Jersey, New York, Missouri, Mississippi, Louisiana. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

DIETITIANS—(a) Ohio resident; assist in special diet kitchen, do some teaching; \$60 and maintenance. (b) 54-bed Midwest hospital; accredited by A. M. A.; salary open. (c) Experienced; take charge of ordering and planning for 460-bed Eastern hospital; \$100 and maintenance. (d) At once; for 50-bed North Central hospital; accredited by A. C. S.; salary depends on qualifications. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

DIRECTOR OF NURSES—Superintendent of nurses and director of school; 400-bed hospital; 150 students; college trained woman with proven ability as director of nurses in large school required; salary \$3,000-\$3,600, maintenance; suburban location. 577, Medical Bureau, Pittsfield Bldg., Chicago.

DIRECTOR OF NURSES—Beautifully equipped hospital; college trained woman eligible for New York registration required, preferably 35-40; minimum entrance stipend, \$200, maintenance. 578, Medical Bureau, Pittsfield Bldg., Chicago.

See also pages 144-146-148 and 150 for other want advertisements

POSITIONS OPEN—Continued

DIRECTOR OF NURSES—For research hospital of school of medicine; seaport town; foreign appointment. 579, Medical Bureau, Pittsfield Bldg., Chicago.

DIRECTOR OF NURSES—For 50-bed Texas hospital; experience required. 127, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

DIRECTOR, SCHOOL OF NURSING—Outstanding 400-bed Middle-western hospital requires woman with exceptional preparation and experience. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

FLOOR SUPERVISORS—(a) For 42-bed Eastern hospital; accredited by A. C. S.; salary open. (b) 30-35, experienced; for medical or surgical floor, fully accredited 165-bed hospital; \$50 and maintenance to start. (c) Surgical; able to relieve regular anesthetist; 65-bed Northwest hospital; salary open. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

GENERAL DUTY—Calls from West Virginia, North Carolina, Illinois, South Carolina, Georgia, Kentucky, etc. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

GENERAL DUTY—Graduate nurses for mental and nervous and tuberculosis hospitals in Ohio; day and night duty. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

GENERAL DUTY—Graduate nurses, recent graduates considered; excellent salaries and locations. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

GENERAL DUTY NURSE—Specialized hospital, caring for tuberculosis and acute communicable disease patients; non-resident appointments; \$95, meals, laundry; Midwest metropolis. 586, Medical Bureau, Pittsfield Bldg., Chicago.

GENERAL DUTY NURSES—For good positions in California. Nurses Central Registry and Employment Agency, 1231 Belmont, Fresno, Calif.

GENERAL DUTY NURSES—Hospitals of various bed capacities; all sections of the country; four year high graduates with approved training required. Medical Bureau, Top Floor, Pittsfield Bldg., Chicago.

GENERAL DUTY NURSES—Several, for well-equipped private hospital located in suburb New York City; two are needed for pediatric department and one for surgery; must be eligible for New York registration. 587, Medical Bureau, Pittsfield Bldg., Chicago.

GENERAL DUTY NURSES—Several, for one of the leading hospitals in Northern California; 8-hour day, one day off each week; non-resident appointment; \$90, including meals and laundry. 588, Medical Bureau, Pittsfield Bldg., Chicago.

GENERAL DUTY NURSES—(a) Two for small hospital near San Francisco; \$98.50 and meals. (b) Two for night duty, eight hour; Central California; 75, maintenance. (c) Day duty; assist in laboratory and x-ray; excellent opportunity; \$85, maintenance. (d) Day duty; assist in x-ray; \$90, part maintenance. Business Womans Registry, 609 S. Grand Ave., Los Angeles.

GENERAL DUTY NURSES—Colorado, California, Oregon, Wyoming. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

GENERAL DUTY NURSES—(a) Ohio registered, psychiatric training preferred; \$55 and maintenance for general duty, \$65 for charge nurses. (b) 8-hour duty in Midwest hospital; \$55 and maintenance. (c) Three; for 285-bed Midwest hospital; \$50 and maintenance to start, systematic salary increases after six months. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

GRADUATE NURSE, X-RAY TECHNICIAN—New York City; salary open. New York Medical Exchange, 489 Fifth Ave., New York City.

HEAD NURSES—(a) 500-bed hospital; Midwest; well qualified, Catholic preferred. (b) Milk laboratory; Midwest hospital; qualified, Catholic preferred. (c) 50-bed Eastern hospital; young. (d) Private New England psychiatric sanitarium; psychiatric experience. (e) Charge of nursery; New York State; care of pregnant women and infants. (f) Assistant head nurse; large hospital; New York City. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

HOUSEKEEPER—Chief housekeeper; university hospital of 400 beds; must be thoroughly experienced; unusual opportunity. 591, Medical Bureau, Pittsfield Bldg., Chicago.

HOUSEKEEPER—Chief of housekeeping department in 350-bed general hospital; competent, experienced. Medical Director, Rochester General Hospital, Rochester, New York.

INSTRUCTOR—Chief instructor capable of teaching sciences; excellent laboratory and teaching facilities; will have two assistants; school of 200 students; \$140 including complete maintenance. 581, Medical Bureau, Pittsfield Bldg., Chicago.

INSTRUCTOR—Instructor of science; school of 60 students; must be willing to assume responsibility for educational program; \$125, maintenance; New York City area. 583, Medical Bureau, Pittsfield Bldg., Chicago.

INSTRUCTOR—Small school; medical staff helps with teaching; comparatively new hospital, well equipped; Florida. 582, Medical Bureau, Pittsfield Bldg., Chicago.

INSTRUCTOR—To organize training school of 150-bed hospital; large Southwestern city. 128, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

INSTRUCTOR—125-bed hospital in Middlewestern metropolitan area, 32 students; requires Protestant with degree or some college. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

INSTRUCTOR, PRACTICAL—College education; 150-bed hospital; New England states. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

INSTRUCTOR, PRACTICAL NURSING—1,000-bed Middlewestern hospital; degree and teaching experience required; woman under 40 required. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

INSTRUCTOR, SCIENCE—Qualified to teach bacteriology, chemistry, materia medica, responsible for teaching program. Two other instructors; 300-bed Midwestern hospital; excellent facilities for teaching and salary. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

INSTRUCTORS—Theoretical and practical. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

INSTRUCTORS—(a) 150-bed hospital; near New York City; responsibility of education director. (b) 50-bed hospital; New England; to act as educational director. (c) 75-bed hospital; New England; to teach and follow up work. (d) 150-bed hospital; near New York City; nursing arts. (e) Small New England psychiatric sanitarium. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

INSTRUCTORS—We have some good calls, mostly Southern; some calling for college degrees, others experience only. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

INSTRUCTORS OF NURSES—(a) Practical instructor; 200-bed hospital; degree preferred; open now. (b) We need theoretical and practical instructors for January and February appointments. Business Womans Registry, 609 S. Grand Ave., Los Angeles.

INSTRUCTORS (2) SCIENCE AND INSTRUCTOR, ART OF NURSING—College graduates; New York registration; 200-bed hospital; open February. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

INSTRUCTRESSES—(a) Science instructor and assistant to principal of training school; New York; salary \$120 and maintenance; February 1; B.S. degree necessary. (b) Instructress and supervisor of nurses; Texas; salary open. (c) Science instructress; Catholic; near New York; salary open. (d) Instructress, also relieve in nursing office; 45 students; New Jersey; salary open. (e) Practical instructress; work at Columbia necessary; \$100 and maintenance; New England. (f) Theory and science instructor; \$110 and maintenance; New England. (g) Catholic; B. S. degree; South; \$125 and maintenance. New York Medical Exchange, 489 Fifth Ave., New York City.

LABORATORY AND X-RAY TECHNICIAN—Long Island; \$100. New York Medical Exchange, 489 Fifth Ave., New York City.

LABORATORY AND X-RAY TECHNICIANS—Two laboratory technicians capable of taking charge of departments in 200-bed hospitals; \$150. Other positions open in both laboratory and x-ray in hospitals and clinics. Business Womans Registry, 609 S. Grand Ave., Los Angeles.

See also pages 143-146-148 and 150 for other want advertisements.

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LABORATORY AND X-RAY TECHNICIANS—Michigan, Minnesota. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

LABORATORY TECHNICIAN—For Southern hospital; experienced. 129, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

LABORATORY TECHNICIAN—Special work in blood chemistry, M.D.'s office; New York City; salary \$130-\$150. New York Medical Exchange, 489 Fifth Ave., New York City.

LABORATORY TECHNICIANS—New Mexico, California. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

LABORATORY-X-RAY TECHNICIANS—(a) 85 beds; Mississippi. (b) 125 beds; Massachusetts; excellent salary. (c) 100 beds; West Virginia. (d) Other calls from Oklahoma, Texas, Ohio, Indiana, etc. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

MATERNITY SUPERVISOR—For active department in 350-bed Middlewestern hospital; executive and organizing ability essential. 130, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

MEDICAL AND SURGICAL SUPERVISOR—280-bed hospital in East. Prefer someone with experience and preparation in ward management. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

MEDICAL SUPERVISOR—Southern university hospital; some college preferred. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

MEDICAL SUPERVISOR—Southern university school, five medical wards. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

NIGHT SUPERVISOR—Able to give anesthetics, take care of obstetrical cases; 75-bed Northeastern hospital; \$100 and full maintenance. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

NIGHT SUPERVISOR—Competent; for excellent Florida hospital; \$70, maintenance to start with early substantial increase. 131, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

NIGHT SUPERVISOR—80-bed Southern hospital connected with college. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

NIGHT SUPERVISOR—To succeed supervisor who has held position for four years; preferably someone about 30 years of age with considerable experience in supervising; daily average of 130 patients; eight-hour day; will have one graduate as assistant; month's vacation each year; fully approved hospital staffed by well-known physicians. 576, Medical Bureau, Pittsfield Bldg., Chicago.

NURSE ANESTHETIST—60-bed Southern hospital. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

NURSE TECHNICIAN—Graduate nurse qualified in laboratory work and anesthesia; small hospital; Alabama. 593, Medical Bureau, Pittsfield Bldg., Chicago.

NURSE TECHNICIAN—Graduate nurse qualified in routine x-ray and laboratory work as well as anesthesia to take charge of 20-bed hospital; ample assistance; \$125-\$150, maintenance. 594, Medical Bureau, Pittsfield Bldg., Chicago.

NURSE TECHNICIANS—Good calls from Ohio, Mississippi, Virginia, Florida, North Carolina, South Carolina. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

NURSE, X-RAY AND LABORATORY TECHNICIAN—100-bed Eastern hospital; extremely attractive position. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

NURSERY SUPERVISOR—For large Middlewestern hospital, well located. 132, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

OBSTETRICAL SUPERVISOR—For 65-bed Northwestern hospital; salary open. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

OBSTETRICAL SUPERVISOR—100-bed hospital in Middlewest; Roman Catholic preferred. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

OBSTETRICAL SUPERVISOR, ASSISTANT—500-bed hospital; East. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

OBSTETRICAL SUPERVISORS—(a) 250-bed hospital, university school; degree, special training and experience. (b) 120-bed Eastern hospital; experience and postgraduate work. (c) Night supervisor; 1,700-bed hospital near New York City; mature, experience. (d) 300-bed hospital; New York State. (e) 1,500-bed hospital; New York City; obstetrical ward of 40 beds. (f) 300-bed Eastern hospital; clinical instructor. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

OBSTETRICAL SUPERVISORS, ASSISTANT—(a) Postgraduate in obstetrics; day and night duty; New York registration; salary \$90, maintenance. (b) 200-bed Ohio hospital; salary open. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

OPERATING ROOM NURSE—Recent graduate preferred; for small hospital; attractive starting salary. 133, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

OPERATING ROOM NURSE—With postgraduate work; 28-bed Eastern hospital; \$75 with room and board; to begin at once. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

OPERATING ROOM SUPERVISOR—Postgraduate training essential; for 85-bed Illinois hospital; \$85, maintenance to start. 134, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

OPERATING ROOM SUPERVISOR—100-bed hospital in Middlewest; open January 1. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

OPERATING ROOM SUPERVISORS—(a) Large Midwest university school; college, able administrator, large staff. (b) Midwest; 300-bed hospital; teacher, experience; postgraduate students. (c) 200-bed hospital; vicinity of New York City; experience. (d) Small New York hospitals. (e) 150-bed New England hospital; general supervision of wards and assistant to superintendent. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

OPERATING ROOM SUPERVISORS—(a) Splendid 100-bed Maryland hospital; good salary; post work and experience. (b) 125 beds; Southwest; salary according to ability. (c) Surgical nurse; small hospital; to assist on the floors when not busy; \$75, maintenance. (d) Scrub nurse; small Illinois hospital; \$75, maintenance. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

ORTHOPEDIC SUPERVISOR—University hospital in Middlewest. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

PATHOLOGIST AND ROENTGENOLOGIST—M.D. degree; qualified to direct department; 250-bed general hospital; Southern states; excellent financial arrangements; open January first. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

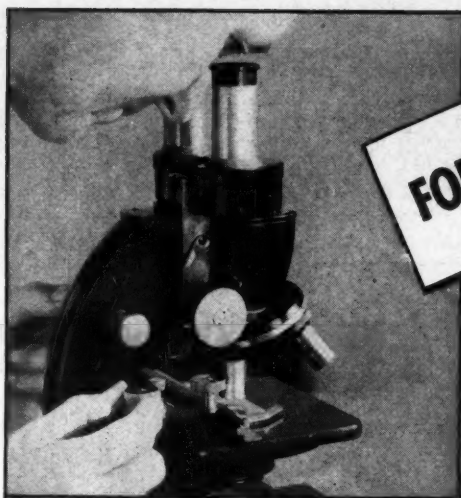
PEDIATRIC SUPERVISORS—(a) 500-bed New England hospital; supervise nursery, qualified, Catholic preferred, teacher. (b) 200-bed hospital; New York; some college training, postgraduate work, teacher. (c) 60-bed babies hospital; East; preparation necessary. (d) 200-bed Eastern hospital; experience, Protestant. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

PHYSIOTHERAPIST—Competent to take charge of department, 300-bed hospital; Midwest metropolis. 597, Medical Bureau, Pittsfield Bldg., Chicago.

PHYSIOTHERAPIST—Laywoman; graduate, school of physical education, background and experience; modern equipment; 250-bed Middlewestern hospital; salary open. **ASSISTANT PHYSIOTHERAPIST**—Graduate nurse, experienced; department well organized; 350-bed Western hospital; salary \$100, maintenance. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

PHYSIOTHERAPIST AND X-RAY TECHNICIANS—Eastern and Middlewestern locations. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

See also pages 143-144-148 and 150 for other want advertisements.



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The use of the best raw materials obtainable may be taken for granted—as factors found in common in the solutions of reputable manufacturers. The *uncommon* safety factors, found in dextrose solutions in Saftiflasks, are those which result from their *biological laboratory* background. At Cutter Laboratories the glass, the rubber, the chemicals—every raw material, *even though produced to rigid specifications*—must again pass special self-imposed tests



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POSITIONS OPEN—Continued

RECORD LIBRARIAN AND MEDICAL STENOGRAPHER—Colorado. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

RECORD LIBRARIANS—(a) 300-bed hospital; nurse preferred. (b) Nurse who knows stenography; opportunity learn record work. Business Womans Registry, 609 S. Grand Ave., Los Angeles.

R.N. AND LABORATORY TECHNICIAN—New Mexico. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

SCIENCE INSTRUCTOR—200-bed hospital in New England states; attractive opening. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

SCIENCE INSTRUCTORS—(a) 300-bed general hospital near New York City; Catholic; degree. (b) 200-bed hospital near New York City. (c) 2,000-bed hospital; East; B. S. degree, psychiatric training. (d) 90-bed hospital; South; Catholic, degree. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

SOCIAL SERVICE WORKER—New Jersey; \$150. New York Medical Exchange, 489 Fifth Ave., New York City.

SOCIAL WORKER—Social worker for large New England hospital, new department; competent organizer required. 592, Medical Bureau, Pittsfield Bldg., Chicago.

SUPERINTENDENT—40-bed hospital in mountain states; desires Lutheran woman between 30 and 45 years of age with postgraduate work or college training. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

SUPERINTENDENT—Graduate nurse experienced in administration, building program; 50-bed hospital; Midwestern location. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

SUPERINTENDENT—Graduate nurse, under 45; for 75-bed Kentucky hospital; salary open. 137, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

SUPERINTENDENT OR BUSINESS MANAGER—Experienced in clinic and industrial work; Western location. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

SUPERINTENDENT—Lay; for Southwestern hospital; active, energetic gentleman wanted. 136, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

SUPERINTENDENTS—(a) 45 beds; Southern; \$125, maintenance. (b) 40 beds; Midwest; qualified either in anesthesia or in operating room. (c) 100 beds; tact, diplomacy, executive ability necessary. (d) Superintendent of nurses; for 75-bed standardized Southern hospital. (e) 200 beds; East; degree and experience. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

SUPERINTENDENTS—R.N. (3)—Small hospitals. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

SUPERINTENDENTS—(a) Woman; hospital in New Jersey; salary open. (b) Man; 50-bed hospital; Texas; salary open. (c) Man; 65-bed hospital; New England; salary open. New York Medical Exchange, 489 Fifth Ave., New York City.

SUPERINTENDENT OF NURSES—100-bed Middlewestern hospital without school of nursing; requires able woman between 27 and 32. Nurse Placement Service, 514b Willoughby Tower Bldg., Chicago.

SUPERINTENDENT OF NURSES—For hospital now under construction. Beautifully located; salary up to \$3,000, maintenance; requires unusual ability. 138, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

SUPERINTENDENTS OF NURSES—(a) Large hospital; New York; salary about \$3,000 and maintenance. (b) 400-bed hospital; New York; \$3,000 and maintenance. (c) 125-bed hospital; New York City; \$160 and maintenance. (d) Superintendent of nurses and principal, school of nursing; New England; salary open. New York Medical Exchange, 489 Fifth Ave., New York City.

SUPERINTENDENTS OF NURSES—(a) 200-bed hospital; East; B.S. degree, personality important. (b) 200-bed hospital; East; Protestant, degree, well qualified person. (c) 4,000-bed Eastern psychiatric hospital; psychiatric administrator with degree. (d) 700-bed hospital; vicinity New York City; school. (e) Administrator (Jewish); philanthropic organization; well qualified, college preparation. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

SUPERVISOR—Surgical floor; degree or certificate in supervision from teaching hospital desirable; non-resident appointment; California. 571, Medical Bureau, Pittsfield Bldg., Chicago.

SUPERVISOR—For men's medical ward of university hospital comprising 18 beds; duties consist of administration of ward and assisting in instructing; two years' academic preparation with graduate courses in ward teaching desirable. 572, Medical Bureau, Pittsfield Bldg., Chicago.

SUPERVISOR—Obstetrical; unit comprises private and clinic wards; graduate head nurse is in charge of administration of wards; duties include teaching, general supervision of wards; university hospital; \$125, maintenance. 573, Medical Bureau, Pittsfield Bldg., Chicago.

SUPERVISOR—Operating room; experience and ability to teach operating room technique required; department consists of six beautifully equipped rooms; will have as assistants seven graduates on day and two on night, five students, four aides, two orderlies; teaching hospital affiliated with university school of medicine; \$135, complete maintenance. 574, Medical Bureau, Pittsfield Bldg., Chicago.

SUPERVISOR—Pediatric; ward averages twenty patients; duties include charge of pediatric outpatient clinic averaging ten patients daily; \$100, maintenance; month's vacation yearly. 575, Medical Bureau, Pittsfield Bldg., Chicago.

SUPERVISOR—With some psychiatric training or experience; for small private mental institution; Chicago area. 135, Aznoe's Central Registry for Nurses, 30 N. Michigan, Chicago.

SUPERVISOR—35-40, thoroughly experienced, with teaching degree, able to handle general supervision in 65-bed East Central hospital, accredited by A. C. S.; salary \$100-\$125, depending on qualifications. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

SUPERVISOR-INSTRUCTOR—25-30, qualified to supervise and teach students, degree not necessary; 30-bed Eastern hospital; \$80 and maintenance. Zinser Personnel Service, 1546 Marquette Bldg., Chicago.

SUPERVISOR, OBSTETRICAL—College degree, postgraduate and experience in obstetrics; university hospital; qualified to teach affiliate students; assistant and graduate staff on the division; excellent salary. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

SUPERVISORS—(a) Operating room; small hospital; should have post course; \$110, maintenance. (b) Floor supervisor; 125-bed hospital; \$105 and meals. Business Womans Registry, 609 S. Grand Ave., Los Angeles.

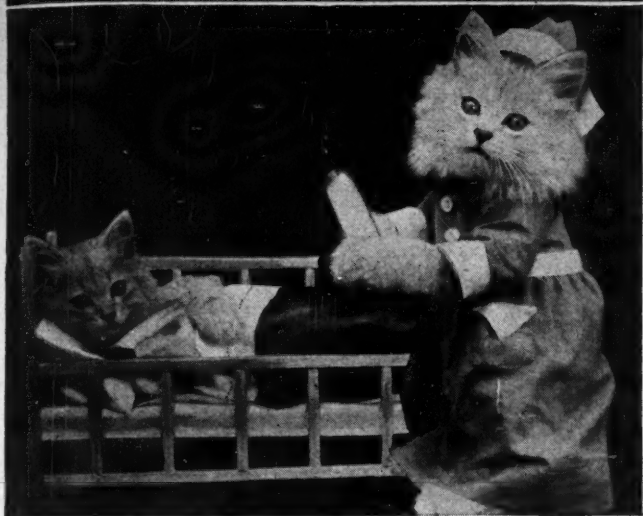
SUPERVISORS—For small mental sanitariums in New York State and New England; mature persons. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

SUPERVISORS—(a) Teaching medical supervisor; 500-bed new hospital; degree. (b) Pediatric; post work and teaching ability. (c) Obstetrical; busy service, 800-bed Philadelphia hospital; experience in supervising and teaching. (d) 150 beds; Indiana; teaching experience. North's Hospital Registry, 408 Republic Bldg., Louisville, Ky.

SUPERVISORS, MEDICAL AND SURGICAL DEPARTMENTS—Requirements: High school graduates and experience in ward management; day and night duty; desirable connections. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

See also pages 143-144-146 and 150 for other want advertisements.

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SUPERVISORS, OPERATING ROOM—(a) Postgraduate and experience; 225-bed New York State hospital; salary open. (b) 100-bed Ohio hospital. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

SUPERVISORS, SURGICAL AND MEDICAL DEPARTMENTS—(a) Small hospitals in East. (b) 300-bed hospital; supervise 40-bed unit. (c) 250-bed hospital; New England, postgraduate, experience. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

SURGICAL AND MEDICAL SUPERVISOR—Wisconsin. Phelps Occupational Bureaus, 230 U. S. Nat. Bank Bldg., Denver, Colo.

SURGICAL SUPERVISORS—(a) 500-bed hospital; New York City; experience only necessary. (b) 600-bed hospital; Eastern location. (c) Large hospital; New York City; assistant head nurse. (d) Large hospitals; New York and vicinity; Catholic, degree. Nursing Bureau of Manhattan & Bronx, 149 E. 40th St., New York City.

SUTURE NURSE—Small hospital in Central California; \$90, maintenance. Business Womans Registry, 609 S. Grand Ave., Los Angeles.

TECHNICIAN—Qualified in x-ray and laboratory work; should be experienced in basal metabolism and electrocardiogram; small private hospital maintaining splendidly equipped laboratories. 595, Medical Bureau, Pittsfield Bldg., Chicago.

TECHNICIAN—In addition to being competent all-round routine technician, should be capable in tissues and bacteriology; university hospital; opportunity to work under direction of well known pathologist; \$125, including partial maintenance. 596, Medical Bureau, Pittsfield Bldg., Chicago.

TECHNICIANS, LABORATORY AND X-RAY—Graduate nurses with experience. Locations: Ohio, Michigan, Illinois, Dakotas, Texas. Interstate Physicians & Hospital Bureau, 332 Bulkley Bldg., Cleveland.

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Dudley Brothers, 320 East 18th Street, Brooklyn, New York

See also pages 143-144-146 and 148 for other want advertisements.

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Those eligible are nurses, college or high school graduates. Classes from the first of each month.

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Each ounce stains 100 or
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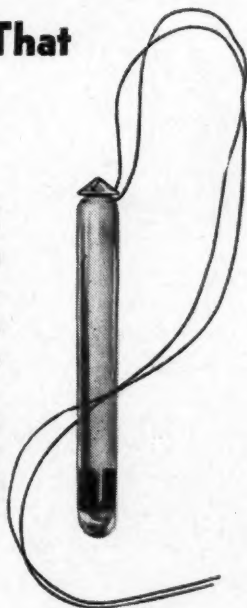
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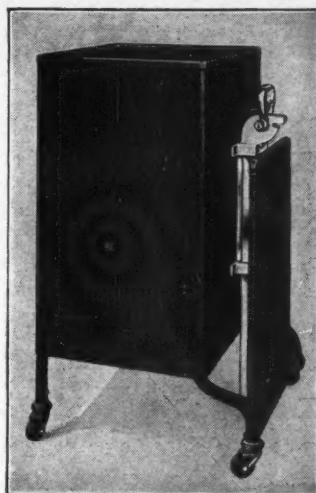
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Phone (SUPERior 5000) or wire, or write for representative to call.

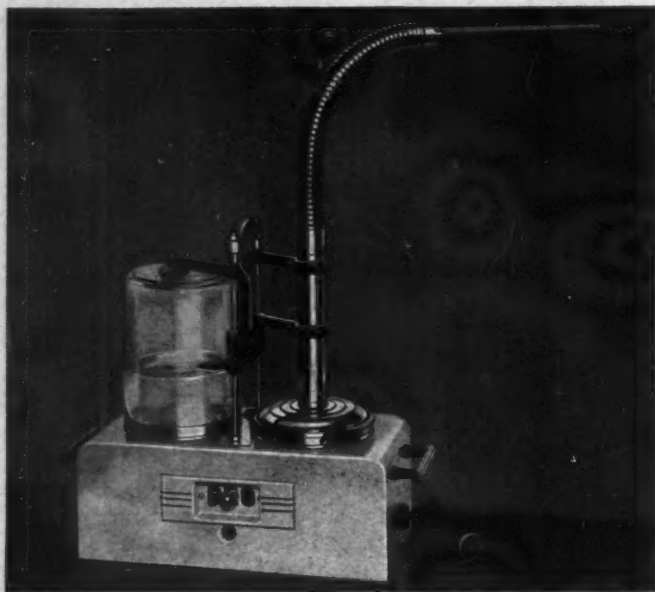
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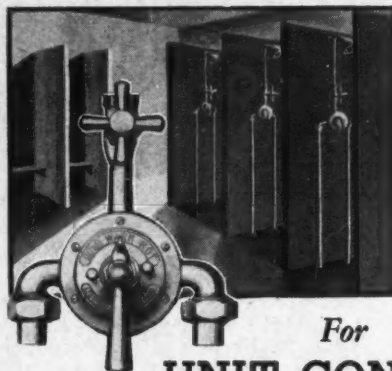


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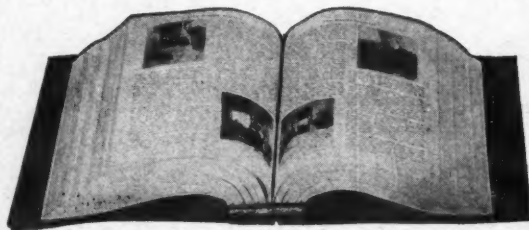
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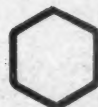
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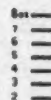
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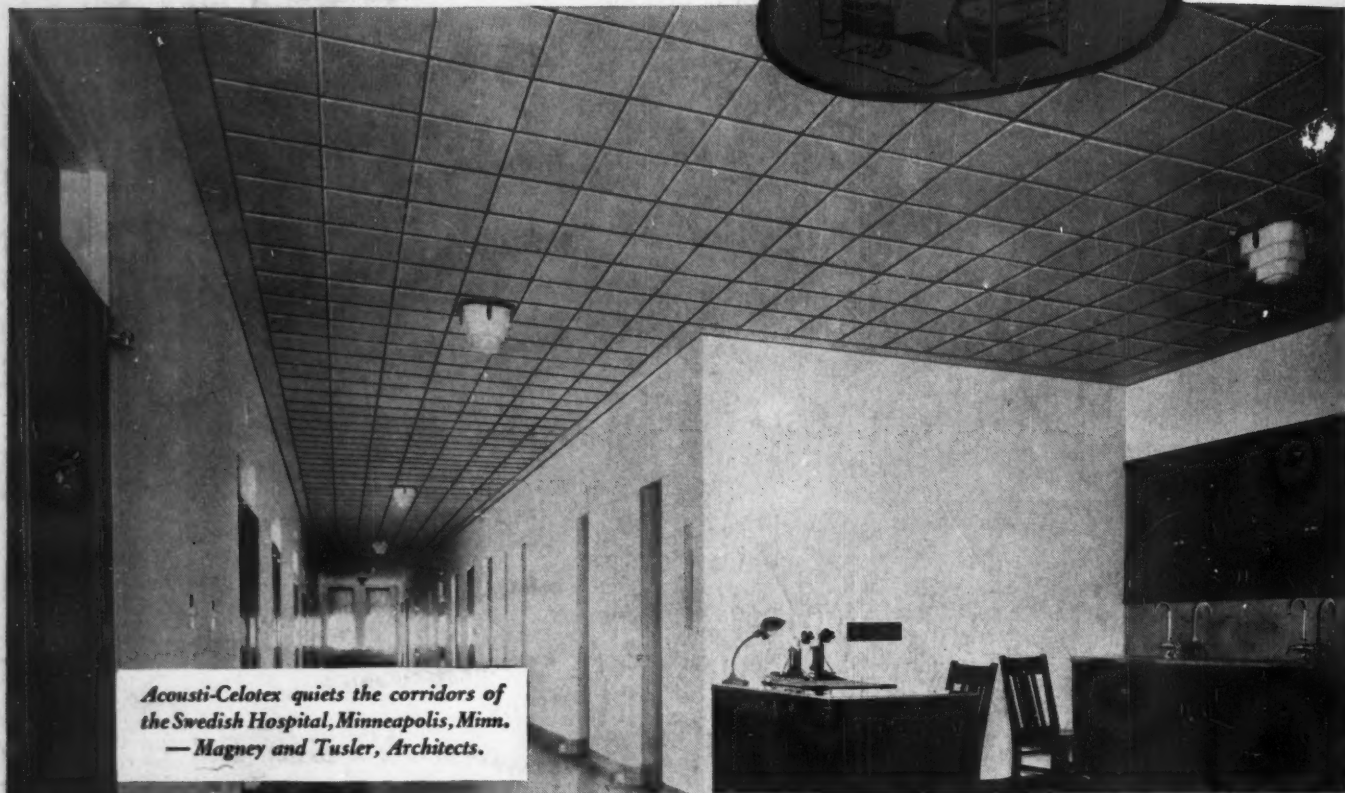
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